

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §
PLAINTIFFS §
§
v. § CIVIL ACTION NO.
§ 4:14-cv-3253
§ JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §
DEFENDANTS §

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 208

BUSINESS RECORDS AFFIDAVIT

STATE OF TEXAS

COUNTY OF Walker

RE: Cause Number 4:13-CV-3369: Martone v. Livingston

BEFORE ME, the undersigned authority, personally appeared Cobie Chavers, who, being duly sworn by me, deposed as follows:

"My name is Cobie Chavers. I am over 18 years of age, of sound mind, capable of making this affidavit, and have personal knowledge of the facts herein stated:

"I am employed as a Program Supervisor with the Office of the Inspector General (OIG) – Texas Department of Criminal Justice. I am the custodian of the attached records of the OIG. These records are kept by the OIG in the regular course of business, and it was the regular course of business of the OIG for an employee or representative of the OIG, with knowledge of the act, event, condition, or opinion, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The attached record is an exact duplicate of the record on file with the Office of the Inspector General in Criminal Case File No. 2011.03220 concerning Offender Michael David Martone, TDCJ No. 01395315, as of the date of this affidavit.



Cobie Chavers
Program Supervisor
Office of the Inspector General

SWORN TO AND SUBSCRIBED before me on this the 19th day of September 2014.





NOTARY PUBLIC in and for
The State of Texas
Printed Name: Celia A Eastham
My commission expires: January 31, 2016

SUMMARY INVESTIGATIVE ACTIVITIES:

CASE # 2011.03220

DATE & INITIAL	ACTIONS/COMMENTS
04/16/13 TM	rec'd Add. to DC- file #140
05/13/13 TM	ready for review - file #140
5/15/2013 GM	Redone w/ the corrections w/
05/15/13 GM	rec'd for Corrections - file #140
05/21/13 TM	ready for review file #140
5/22/2013 GM	Approved & submitted for closure w/
5/22/13 KSG	Sent to Records for Closure.
RECEIVED	KSG
MAY 22 2013	RECORDED
OFFICE OF THE ATTORNEY GENERAL	RECORDED
5/24/2013	Case closed / Admin.
6/13/13 GS	Printed case file to AG/GC in response to a legislative
	request from Sylvester Turner.

AC-0105 (07/2005)

Summary Investigative Activities
Case Number: 2011.03220

Investigative Activities	
DATE & INITIAL	ACTION/COMMENTS
2011-08-10 00:00:00.0 KBS	Assigned to Region-E Case Assigned to Investigator : KEVIN SHAWAKER.
9-8-11 LEE	AUDIT - GATHER DOCUMENTS - FINISH 1530P.
12-8-11 LEE	AUDIT - READY TO WRITE.
1-17-12 KBS	Case folder to OIG Open Records. 1/17/12
1-18-12 CE	Printed case file to OIG/GC in response to open records request OR-2012-00013
1-23-12 KBS	Case file returned. 1/23-12
4-5-12 LEE	AUDIT - Ready to write - Finalize 1530P.
10/15/2012 GHT	Audit - complete by 12/15
1/31/2013 Gatt	Reassigned to TLM
02/13/13 Tm	Received case file #140
02/25/13 Tm	Waiting on Medical Amendment to Death Certificate. File #140

**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

CRIMINAL CASE INFORMATION WORKSHEET

2011.03220	Huntsville	Aug 8, 2011	Aug 10, 2011
Case Number	Unit or Location	Date of Offense	Date Case Opening

Victim , Complainant or Witness

Last Name	First Name	Party Type	Person Type	TDCJ Number	Statutes	Rank	DOB	Race	Sex	SSN
MARTONE	MICHAEL	Victim	Offender / Parolee	01395315	CCP49.18	Sergeant of Correctional Officers	[REDACTED]	White	Male	[REDACTED]
ROUNDTREE	CLIFTON	Witness	Employee			Correctional Officer V	[REDACTED]	Black / African	Male	[REDACTED]
ELLIS	PATRICIA	Witness	Employee			Correctional Officer IV	[REDACTED]	White	Female	[REDACTED]
BAKE	GARY	Witness	Employee			Lieutenant of Correctional Officers	[REDACTED]	White	Male	[REDACTED]
SIMMONS	KEVIN	Complainant	Employee			Lieutenant of Correctional Officers	[REDACTED]	White	Male	[REDACTED]
PROCTOR	MICHAEL	Witness	Employee			Correctional Officer IV	[REDACTED]	White	Male	[REDACTED]
COLLARD	KERRY	Witness	Employee				[REDACTED]	White	Male	[REDACTED]

Suspects

Last Name	First Name	Person Type	TDCJ Number	Statutes	Rank	DOB	Race	Sex	SSN
SUMMARY OF OFFENSE									

*** Potential Litigation ***2011.03220

On August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

Exact Location of Incident : G-1 Row

Investigator Initials : TLM Opened By : KBS

OIG Region : Region-E

2011-3220



CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

2011-3220

Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
 - (1) give notice of the death of an inmate and the person fails to give the notice; or
 - (2) conduct an investigation and file a report and the person:
 - (A) fails to conduct the investigation or file the report, or
 - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

Article 49.18 (a) (b) (c), Death in Custody:

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30th day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055 (b) (2), Government Code.
- (d) In this article:
 - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
 - (2) "In the custody of a peace officer" means:
 - (A) under arrest by a peace officer, or
 - (B) under the physical control or restraint of a peace officer.
 - (3) "State juvenile facility" means any facility or halfway house:
 - (A) operated by or under contract with the Texas Youth Commission or
 - (B) described by Section 51.02 (13) or (14), Family code.

Mail To: Office of the Attorney General Criminal Law Enforcement Division P.O. Box 12548 Austin, Texas 78711-2548 (512) 463-2170
--

Date of Report: August 18, 2011

I) AGENCY/FACILITY INFORMATION:

Name of Agency/Facility: **TDCJ – Office of the Inspector General**

Address: **P.O. Box 4003**

City, Zip Code: **Huntsville, TX 77342-4003**

Telephone Number: **(936) 437-5062**

Fax: **(936) 437-3010**

Signature of Director of _____

Revised 5/08 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

AUG-19-2011 15:26 From:

Custodial Death Report

Page 2

2) IDENTITY OF DECEASED:Name of deceased: Martone, MichaelSSN XXXXXXXXXX

Race/Ethnic Group:

- African-American
 Native American
 Anglo
 Asian Hispanic
 Middle East
 Native Hawaiian/Pacific Islander
 Other (Specify)

Sex Male DOB: 7/7/1954 Female Age: 57**3) DATE OF CUSTODY (arrest, Incarceration):**Date: 10/26/2006Time: Hour: Min am pm **4) DATE/TIME OF DEATH:**Month: 8 Day: 8 Year: 2011Time: Hour: 10 Min: 22 am pm **5) WHERE DID THE EVENT CAUSING THE DEATH OCCUR?**Street Address: 815 12th StreetCity: HuntsvilleCounty: TX**6) HAS A MEDICAL EXAMINER OR CORONER CONDUCTED AN EVALUATION TO DETERMINE A CAUSE OF DEATH?**

- Yes, results are available
 Yes, results are pending
 No, evaluation pending
 No, evaluation not planned

7) MANNER OF DEATH:

1. Accidental Injury to self
2. Accidental Injury by others
3. Alcohol/Drug Intoxication
4. Justifiable Homicide
5. Other Homicide
6. Suicide
7. Natural Causes/Illness-Specify
8. Other-Specify:

8) MEDICAL CAUSE OF DEATH: Pending autopsy results; Cardiac arrest secondary to hyperthermia**9) WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEASED DEVELOP THE CONDITION AFTER ADMISSION?**

1. Pre-existing medical condition
2. Deceased developed condition after admission
3. N/A – cause of death was accidental injury, intoxication, suicide, or homicide.
4. Don't Know

Revised 6/08 Replaces Form of 07/03 which is obsolete
 CC-0287 (02/2008)

AUG-19-2011 15:26 From:

10) HAD THE DECEASED BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION AFTER ADMISSION TO YOUR JAIL'S JURISDICTION? Not Applicable No Yes-If yes, describe below (Include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):

11) WHAT TYPE OF CUSTODY/FACILITY WAS THE OFFENDER IN/AT PRIOR TO THE TIME OF DEATH? Police Custody (pre-booking) Penitentiary Municipal Jail County Jail**12) SPECIFIC TYPE OF CUSTODY/FACILITY** Custody of Peace Officer during/fleeing arrest Custody of Peace Officer subsequent to arrest TDCJ-ID (Unit): Huntsville Unit (HV) Jail-single cell Jail-detox cell Jail-Multiple occupancy cell Jail-holding cell Jail-day room/recreation area Correctional/Rehabilitation Facility Hospital/infirmary Halfway House/Restitution Center Non-law enforcement detox facility Name: _____ TYC-Facility: TJPC Detention Center:**13) WHAT WERE THE MOST SERIOUS OFFENSE(S) WITH WHICH THE DECEASED WAS (OR WOULD HAVE BEEN) CHARGED WITH AT THE TIME OF DEATH (required)**1. Intox. Manslaughter w/Deadly Weapon

2. _____

3. _____

- Filed
- Convicted
- Probation/Parole
- Not filed at time of death

Type of Charges

- Violent Crime against Persons
- Child Abuse
- Serious Crime against Property
- Alcohol/Drug Offense
- Other-specify : _____

Revised 6/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2006)

DID THE DECEASED DIE FROM A MEDICAL CONDITION OR FROM INJURIES SUSTAINED AT THE CRIME/ARREST SCENE?

- 14) **CRIME/ARREST SCENE?**
- Medical condition only
 - Injuries only
 - Both medical condition and injuries
 - Don't Know
 - Not Applicable

15) IF INJURED AT THE CRIME/ARREST SCENE, HOW WERE THESE INJURIES SUSTAINED?

- Inflicted by law enforcement officers
- Inflicted by others at crime/arrest scene
- Self-inflicted-accidental
- Self-inflicted-suicide
- Unknown
- Not Applicable

WAS THE DECEASED UNDER RESTRAINT IN THE TIME LEADING UP TO THE DEATH OR THE EVENTS CAUSING THE DEATH?

- 16) **CAUSING THE DEATH?**
- No Yes, If yes, mark which restraint devices were used:
- Handcuffs
 - Leg shackles
 - Other device-Specify

17) WHAT TYPE OF WEAPON(S) CAUSED THE DEATH? (MARK ALL THAT APPLY)

- Handgun
- Rifle/Shotgun
- Nightstick or baton
- Stun gun or tazer
- Other-Specify
- Not applicable

18) AT ANY TIME DURING THE ARREST/INCIDENT DID THE DECEASED: MARK ALL THAT APPLY

- Appear intoxicated (either alcohol or drugs)
- Threaten the officer(s) involved?
- Resist being handcuffed or arrested ?
- Try to escape/flee from custody?
- Grab, hit or fight with the officer(s) involved?
- Use a weapon to threaten or assault the officer(s) Specify
- Other - specify
- Not applicable

19) WHERE DID THE DECEASED DIE?

- At law enforcement facility
- At the crime/arrest scene
- At medical facility
- En route to medical facility
- En route to booking center/police lookup
- Elsewhere - Specfy:

WHAT WAS THE TIME AND DATE OF THE DECEASED'S ENTRY INTO THE LAW ENFORCEMENT FACILITY

20) WHERE THE DEATH OCCURRED?

- N/A
- Month: _____ Day: _____ Year: _____
- Time: Hour: _____ Min: _____ AM: PM:

Revised 6/08 Replaces Form of 07/03/ which is obsolete
CC-0207 (02/2008)

21) AT THE TIME OF ENTRY INTO THE FACILITY DID THE DECEASED: MARK ALL THAT APPLY

- Appear intoxicated (either alcohol or drugs)?
- Exhibit any mental health problems?
- Exhibit any medical problems?
- Not applicable

22) IF DEATH WAS AN ACCIDENT OR HOMICIDE, WHO CAUSED THE DEATH?

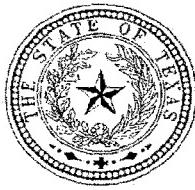
- Deceased
- Other detainees
- Law enforcement/correctional staff
- Other persons-specify
- Don't know
- Not applicable; cause of death was suicide, intoxication or illness/natural causes

23) IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- Firearm
- Blunt instrument
- Knife, cutting instrument
- Hanging, strangulation
- Drug overdose
- Other - specify
- Not applicable; cause of death was intoxication or illness/natural causes

ATTACH A SUMMARY OF HOW THE DEATH OCCURRED: On August 8, 2011, at approximately 8:00pm, Offender Martone stepped out of his single-man cell, G-1-4, and then collapsed onto the run, at the Huntsville Unit. Martone, who was breathing but unresponsive, was taken to the unit infirmary by gurney as a request to 911 assistance was placed. At 8:20pm, EMS arrived and took over Martone's medical care. At 8:45pm, Martone was transported by ambulance to the Huntsville Airport and transferred to a waiting LifeFlight helicopter. Martone was then flown to Memorial Herman Hospital, Houston, TX. Herman staff took over Martone's emergency care, however, Martone continued to decline and Dr. Libby George, MD, pronounced Martone deceased at 10:22pm. Pending autopsy results,

24) the cause of death was cardiac arrest secondary to hyperthermia.



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFICE OF THE INSPECTOR GENERAL

INCIDENT / INVESTIGATION REPORT

Incident Data	STATUTE 1	CRIME CLASS	DESCRIPTION:			ORI#	CASE #:	
	CCP49.18	N/A	Death in Custody (Unattended /Accidental- offender)			236075C	2011.03220	
	STATUTE 2	CRIME CLASS	DESCRIPTION:					
	N/A							
	STATUTE 3	CRIME CLASS	DESCRIPTION:					
	N/A							
	DATE OF INCIDENT	DAY:	TIME:	DATE REPORTED:	TIME REPORTED	INVESTIGATED BY:		
	8/8/2011	Monday	10:22 pm	8/8/2011	10:48 pm	Lacey Mericle, #140		
	LOCATION OF INCIDENT			COUNTY OF OFFENSE /CODE		TYPE OF PREMISES:		
	Hermann Memorial Hospital, Houston ,Texas			Harris / 101		Hospital		
Reporter	PERSON REPORTING INCIDENT: NAME: (LAST, First, MI)			RACE	SEX:	SOCIAL SECURITY #:	DL OR TDCJ #:	
	SIMMONS, Kevin			W	Male	[REDACTED]	N/A	
	HOME ADDRESS:			PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
	N/A			936-437-7555		N/A		
	BUSSINES ADDRESS:			EMPLOYER				
	Huntsville Unit- 815 12 th Street, Huntsville, Texas			Texas Department of Criminal Justice				
	OCCUPATION:			ADDITIONAL INFORMATION				
	Lieutenant of Correctional Officers			N/A				
	Victim	VICTIM #1: NAME: (LAST, First, MI)			DOB:	RACE	SEX:	SOCIAL SECURITY #:
		MARTONE, Michael David			[REDACTED]	W	Male	[REDACTED]
	HOME ADDRESS:			PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
	Huntsville Unit- 815 12th Street, Huntsville, Texas			N/A		N/A		
Witness	BUSSINES ADDRESS:			EMPLOYER				
	N/A			N/A				
	OCCUPATION:			ADDITIONAL INFORMATION				
	N/A			deceased offender				
	Witness	WITNESS #1: NAME: (LAST, First, MI)			RACE	SEX:	SOCIAL SECURITY #:	DL OR TDCJ #:
		COLLARD,Kerry			W	[REDACTED]	[REDACTED]	N/A
		HOME ADDRESS:			PRIMARY TELEPHONE #		SECONDARY TELEPHONE #	
		N/A			936-437-1555		N/A	
		BUSSINES ADDRESS:			EMPLOYER			
		Huntsville Unit- 815 12th Street, Huntsville, Texas			Texas Department of Criminal Justice			
	OCCUPATION:			ADDITIONAL INFORMATION				
	Correctional Officer			N/A				

ADDENDUM ATTACHED NO

SUMMARY:

On August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

Investigator's Signature

ID#

DATE

Approving Supervisor's Signature

152

052/13

ID#

5/22/2013

DATE

CC-0240 (07/2005)

Page 1 of 7

ADDITIONAL: VICTIMS, WITNESSES OR NAMED PARTIES

Witness #02 ROUNDTREE, Clifton	[REDACTED]	RACE B	SEX: Male	SOCIAL SECURITY #: [REDACTED]	DL OR TDCJ #: N/A
HOME ADDRESS: N/A				PRIMARY TELEPHONE #: 936-437-1555	SECONDARY TELEPHONE #: N/A
BUSSINESS ADDRESS: Huntsville Unit- 815 12th Street, Huntsville, Texas	[REDACTED]	EMPLOYER Texas Department of Criminal Justice			
OCCUPATION: Sergeant of Correctional Officers					
Witness #03 PROCTOR, Michael	[REDACTED]	DOB:	RACE W	SEX: Male	SOCIAL SECURITY #: [REDACTED]
HOME ADDRESS: N/A				PRIMARY TELEPHONE #: 936-437-1555	SECONDARY TELEPHONE #: N/A
BUSSINESS ADDRESS: Huntsville Unit- 815 12th Street, Huntsville, Texas	[REDACTED]	EMPLOYER Texas Department of Criminal Justice			
OCCUPATION: Lieutenant of Correctional Officers					
Witness #04 BLAKE, Gary	[REDACTED]	RACE W	SEX: Male	SOCIAL SECURITY #: [REDACTED]	DL OR TDCJ #: N/A
HOME ADDRESS: N/A				PRIMARY TELEPHONE #: 936-437-1555	SECONDARY TELEPHONE #: N/A
BUSSINESS ADDRESS: Huntsville Unit- 815 12th Street, Huntsville, Texas	[REDACTED]	EMPLOYER Texas Department of Criminal Justice			
OCCUPATION: Correctional Officer					
Witness #05 ELLIS, Patricia	[REDACTED]	DOB:	RACE W	SEX: Male	SOCIAL SECURITY #: [REDACTED]
HOME ADDRESS: N/A				PRIMARY TELEPHONE #: 936-437-1555	SECONDARY TELEPHONE #: N/A
BUSSINESS ADDRESS: Huntsville Unit- 815 12th Street, Huntsville, Texas	[REDACTED]	EMPLOYER Texas Department of Criminal Justice			
OCCUPATION: Correctional Officer					
# N/A	DOB:	RACE	SEX:	SOCIAL SECURITY #:	DL OR TDCJ #:
HOME ADDRESS:				PRIMARY TELEPHONE #	SECONDARY TELEPHONE #
BUSSINESS ADDRESS:	[REDACTED]	EMPLOYER			
OCCUPATION:					
#	DOB:	RACE	SEX:	SOCIAL SECURITY #:	DL OR TDCJ #:
HOME ADDRESS:				PRIMARY TELEPHONE #	SECONDARY TELEPHONE #
BUSSINESS ADDRESS:	[REDACTED]	EMPLOYER			
OCCUPATION:					

Investigator's Signature

ID#

DATE

Approving Supervisor's Signature

ID#

DATE

GCR 0210 (07/2005)

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SUSPECTS

SUSPECT #1 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
N/A											
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE? OCCUPATION:					BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #2 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE? OCCUPATION:					BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #3 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE? OCCUPATION:					BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #4 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE? OCCUPATION:					BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #5 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE? OCCUPATION:					BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									

Investigator's Signature

ID#

DATE

140 052113

Approving Supervisor's Signature

ID#

DATE

GCR 0010 (07/2002)

Page 2 of 7

INTRODUCTION:

I, Tabitha Lacey Mericle, am a Criminal Investigator with the Texas Department of Criminal Justice – Office of Inspector General (TDCJ-OIG). I am assigned to the Investigations Division of this agency, Region E, which includes Harris County, Texas, where this incident occurred.

This investigation involves Offender Michael Martone # 1395315, a fifty-seven year old white male offender, serving a twenty-five year sentence for Intoxication Manslaughter with a Deadly Weapon, from Harris County, Texas. Offender Martone was received by TDCJ on October 26, 2006 and was scheduled for discharge from TDCJ on December 30, 2028. Offender Martone's medical history included hypertension, hyperlipidemia, coronary artery disease, hepatitis C virus, seizure disorder and morbid obesity.

REPORTEE'S STATEMENT:**KEVIN SIMMONS; Lieutenant of Correctional Officers; Huntsville Unit:**

Lieutenant Simmons reported that on August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

CRIME SCENE DESCRIPTION:

This incident occurred in the Emergency Room, inside the Hermann Memorial Hospital, which is a public access medical facility located at 6411 Fannin, Houston, Texas. This public access medical facility provides medical treatment to TDCJ offenders, as needed.

INVESTIGATOR'S NARRATIVE:

On August 08, 2011, at 6:15pm, at the Huntsville Unit, Offender Michael Martone # 1395315 advised security staff that he felt bad and had been feeling bad for the past day or so. The offender was escorted to the unit's infirmary where Registered Nurse Rye assessed Offender Martone's condition. Nurse Rye advised the offender to rest as much as possible to increase his water intake. Offender Martone acknowledged the instructions and was escorted back to his assigned housing.

Later that evening, at 7:30 pm, Officer Kerry Collard observed Offender Martone holding on to a window sill in the housing area's dayroom area, with two offenders assisting Offender Martone by holding him up. Officer Collard requested a supervisor and additional security staff to assist with the situation. The medical department staff had departed the facility for the day and was not available to respond for the call for assistance. Sergeant Clifton Roundtree arrived, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions.

As the wheel chair arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. The local Emergency Medical Services (EMS) was requested and Offender Martone was placed on a gurney. Lieutenant Michael Proctor noted that Offender Martone had spontaneous breaths and a



Investigator's Signature

140 05/13
ID# DATE

Approving Supervisor's Signature

ID# DATE

CC: OIG (07/20/2011)

steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. While in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

At 8:20 pm, the Huntsville Walker County EMS arrived and assumed care of Offender Martone. The decision was made by the EMS personnel to transport Offender Martone to the Huntsville Municipal Airport, where he would be transported by Life flight Helicopter to the Hermann Memorial Hospital in Houston, Texas. At 8:45 pm, the transport departed the Huntsville Unit, enroute to the airport. At 9:15 pm, the Life Flight transport departed the airport, enroute to the Hermann Memorial Hospital.

At 10:03 pm, upon arrival to the Hermann Memorial Hospital, Offender Martone lost all vital signs and cardiopulmonary resuscitation was initiated. Life saving efforts to revive the offender was continued but unsuccessful. At 10:22 pm, Dr George Libby pronounced Offender Martone deceased, reporting the preliminary cause of death as heat related, pending the autopsy results. Offender Martone's body temperature was 108. The Huntsville Unit reported that at 7:00 pm, the temperature to be 102, humidity 20% and heat index of 99.

Due to extreme temperatures and heat indexes, added precautions were initiated in June 2011. All offenders prescribed psychotropic medication were being housed on the first row of their designated housing areas. Water coolers were placed in every housing area and contained ice water (refilled regularly, as needed). Security staff was trained daily on recognizing the signs and symptoms of heat-related illnesses. Offenders were also provided training on how to stay hydrated during extremely hot weather.

On August 09, 2011, at 8:35 am, Roxanne Martone, Offender Martone's daughter, was notified of his death. She advised that the family would claim Offender Martone's remains and that the family did not object to an autopsy.

On August 10, 2011, Harris County Assistant Medical Examiner, Merrill Hines performed the autopsy (report # ML11-2363) on Offender Martone. Dr Hines determined this death was a result of hyperthermia, with the contributing factors of hypertension and atherosclerotic cardiovascular disease. He ruled the manner of this to be of accidental causes.

On November 10, 2011, the Amendment to Medical Certification of Certificate of Death (state file # 142-11-103310) was certified by Dr Hines and reported the cause of this death as a result of hyperthermia. The manner of this death is listed as accidental causes.

VICTIM(S):

MICHAEL MARTONE # 1395315; deceased offender; Huntsville Unit:

The victim is the decedent.



Investigator's Signature

1460
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052113
DATE

Approving Supervisor's Signature

ID#

DATE

OIG 03253 (07/2005)

Page 2 of 2

SUSPECT(S):**NONE****WITNESSES:****KERRY COLLARD; Correctional Officer; Huntsville Unit:**

Officer Collard reported that on August 08, 2011, at 7:30 pm, he observed Offender Martone holding on to a window sill in the housing area's dayroom area, with two offenders assisting Offender Martone by holding him up. Officer Collard reported that he requested a supervisor and additional security staff to assist with the situation. Officer Collard reported that Sergeant Clifton Roundtree arrived, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions and while waiting for the wheel chair to arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. Officer Collard reported that Lieutenant Michael Proctor noted that Offender Martone had spontaneous breaths and a steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS.

CLIFTON ROUNDTREE; Sergeant of Correctional Officers; Huntsville Unit:

Sergeant Roundtree reported that at 7:30 pm, he responded to a request for assistance, arrived to the location, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions. As the wheel chair arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. Sergeant Roundtree reported the local Emergency Medical Services (EMS) was requested and that Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. Sergeant Roundtree reported that while in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

MICHAEL PORTER; Lieutenant of Correctional Officers; Huntsville Unit:

Lieutenant Porter reported that at 7:30 pm, he responded to a request for assistance, arrived to the location, and observed Offender Martone on a gurney. Lieutenant Proctor noted that Offender Martone had spontaneous breaths and a steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. While in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

GARY BAKE; Correctional Officer; Huntsville Unit:

Officer Blake reported that on August 08, 2011, he accompanied the Life Flight transport of Offender Martone to the Hermann Memorial Hospital, where he witnessed the medical staff pronounce Offender Martone deceased.

Investigator's Signature

DATE

Approving Supervisor's Signature

ID#

DATE

PATRICIA ELLIS; Correctional Officer; Huntsville Unit:

Officer Ellis reported that on August 08, 2011, she responded with the wheelchair and gurney to the location of the request for assistance. Officer Ellis reported that she also retrieved ice packs to be placed on Offender Martone when in the unit infirmary.

EVIDENCE:

NONE

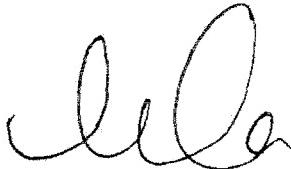
DISPOSITION:

This investigation is Administratively Closed.

ATTACHMENTS:

1. A copy of the Emergency Action Center report # I-11246-08-11 (1.1- 1.9)
2. The Investigator's Report of Custodial Death and the Attorney General's Custodial Death Report (2.1- 2.7)
3. A copy of the medical documentation (3.1- 3.69)
4. A copy of the death notifications (4.1- 4.3)
5. A copy of TDCJ's Autopsy Order (5)
6. A copy of the handwritten statement from Officer Kerry collard (6)
7. A copy of the typed statement from Sergeant Clifton Roundtree (7)
8. A copy of the typed statement from Lieutenant Michael Porter (8)
9. A copy of the handwritten statement from Officer Gary Bake (9)
10. A copy of the handwritten statement from Officer Patricia Ellis (10)
11. A copy of TDCJ Health Services Division Custodial Death Report Information Worksheet (11)
12. A copy of the final autopsy report (12.1- 12.11)
13. A copy of the death certificate (13.1- 13.2)
14. A copy of the TDCJ Travel Card (14.1- 14.3)
15. A photocopy of photographs taken (15)
16. A copy of the Daily Activity Log for the housing of the location of this incident (16)
17. A copy of the Huntsville Unit Infirmary sign in/ sign out log (17)
18. A copy of the Huntsville Unit's Temperature Log (18)
19. A copy of the Hunsville Municipal Airport's Weather Observations (19)

TLM



Investigator's Signature

(140)
ID#

05213
DATE

Approving Supervisor's Signature

ID#

DATE

----- SYSM INBASKET MESSAGE -----

2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN Message ID: 980675
From: KSI8517 - SIMMONS, KEVIN Date Sent: 08/09/11
Subject: I-11246 08 11 Priority: 000 Time Sent: 02:31am

EAC USE ONLY: DATE REPORTED:..... TIME REPORTED:.....

EMERGENCY ACTION CENTER INCIDENT NO: I - 11246 - 08 - 11

MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -

TYPE OF INCIDENT: OFFENDER DEATH

UNIT: HV REGION 01 DATE OCCURRED: 08 / 08 / 2011 TIME OCCURRED: 2222

SPECIFIC LOCATION: HERMAN MEMORIAL HOSPITAL HOUSTON

INITIAL INCIDENT COMMANDER: (IF APPLICABLE)

RANK/NAME: SGT. C. ROUNTREE

FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):

RANK/NAME:

LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)

X A B C D E N/A (IF INCIDENT WAS HANDLED WITHOUT
REQUEST FOR RESPONSE TEAM)

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ===>

To: KSH8331 - SHAWAKER, KEVIN Message ID: 980675
From: KSI8517 - SIMMONS, KEVIN Date Sent: 08/09/11
Subject: I-11246 08 11 Priority: 000 Time Sent: 02:31am

GANG IDENTIFICATION: NONE

WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO

WAS INCIDENT RACIALLY MOTIVATED: YES X NO

OFFENDER INFORMATION

OFFENDER NAME (LAST, FIRST M)	TDCJ NO	CUST	RACE	SEX	AGE	INJ	A-V
MARTONE, MICHEAL DAVID	1395315	G2	W	M	57	Y	

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE -----

2

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WERE OFFENDERS TRANSFERRED TO A HOSPITAL X YES NO

BY: EMS VAN X LIFE FLIGHT

NAME OF HOSPITAL: HERMAN MEMORIAL HOUSTON

TREATMENT: CPR

EMPLOYEE INFORMATION

NAME (LAST, FIRST M)	SSN	RACE	SEX	AGE	RANK
----------------------	-----	------	-----	-----	------

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE -----

2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN
From: KSI8517 - SIMMONS, KEVIN
Subject: I-11246 08 11

Message ID: 980675
Date Sent: 08/09/11
Priority: 000 Time Sent: 02:31am

WAS A RAPE KIT COMPLETED YES NO DECLINED

WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED
IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING

DATE: 08 / 08 / 2011 TIME: 22 : 22 PRONOUNCED DECEASED

PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: DR. GEORGE, LIBBY

COUNTY WHERE DEATH OCCURRED: HARRIS

PRELIMINARY CAUSE OF DEATH: HEAT RELATED

NEXT OF KIN NOTIFIED YES X NO DATE: / / TIME: :

NAME OF NOK:

HUNTSVILLE FUNERAL HOME NOTIFIED YES X NO

JUSTICE OF PEACE NOTIFIED: X YES NO

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN Message ID: 980675
From: KSI8517 - SIMMONS, KEVIN Date Sent: 08/09/11
Subject: I-11246 08 11 Priority: 000 Time Sent: 02:31am

DESCRIPTION OF WEAPON(S) CONTRABAND

CHEMICAL AGENT INFORMATION

AMOUNT	LIST TYPE	AUTHORIZATION
--------	-----------	---------------

WAS TEAM AUTHORIZED YES NO DECONTAMINATED YES NO INJURIES YES NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE -----

2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN
From: KSI8517 - SIMMONS, KEVIN
Subject: I-11246 08 11

Message ID: 980675
Date Sent: 08/09/11
Priority: 000 Time Sent: 02:31am

THIS INCIDENT?

YES NO

IF YES, INDICATE APPLICABLE

PARCEL SCANNER

WALK THROUGH METAL DETECTOR

HAND HELD METAL DETECTOR

B.O.S.S. CHAIR

VIDEO SURVEILLANCE

HEARTBEAT DETECTION SYSTEMS

BODY ALARM

PERIMETER FENCE DETECTION SYSTEMS

STAB-RESISTANT VEST

NARCOTIC DETECTOR CANINE

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE ----VIEW -----

2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

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To: KSH8331 - SHAWAKER, KEVIN
From: KSI8517 - SIMMONS, KEVIN
Subject: I-11246 08 11

Message ID: 980675
Date Sent: 08/09/11
Priority: 000 Time Sent: 02:31am

CELL PHONE DETECTOR CANINE
PACK CANINES
S.A.R. CANINES
CONTRABAND INTERDICTION SHAKEDOWN TEAM
OTHER:

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON AUGUST 8TH 2011 AT APPROX 2000 SGT C. ROUNDREE RESPONDED TO G-1-4 CELL WHERE OFFENDER MARTONE WAS COMPLAINING OF DIZZINESS AND SHORTNESS OF BREATH. UPON ARRIVING AT THE CELL SGT. ROUNDREE FOUND OFFENDER MARTONE CONSIOUS AND ALERT. AS SGT. ROUNDREE BEGAN MOVING THE OFFENDER FROM HIS CELL TO MEDICAL T

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE ----VIEW----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ===>

To: KSH8331 - SHAWAKER, KEVIN Message ID: 980675
 From: KSI8517 - SIMMONS, KEVIN Date Sent: 08/09/11
 Subject: I-11246 08 11 Priority: 000 Time Sent: 02:31am

HE OFFENDER LOST CONSIOUSNESS. SGT. ROUNDTREE INITIATED ICS. LT. PROCTOR RESPONDED WITH OFFICERS P. ELLIS AND A. QUICK. OFFENDER MARTONE WAS PLACED ON A BACKBOARD AND TAKEN OUT OF THE BUILDING TO A GURNEY THAT WAS WAITING OUTSIDE THE DOOR. THE RADIO PICKET OFFICER CONTACTED 911 AND EMS WAS ACTIVATED. THE OFFENDER WAS MOVED TO THE HUNSVILLE UNIT INFIRMARY BY GURNEY TO AWAIT THE ARRIVAL OF EMS. WHILE IN THE INFIRMARY LT. M. PROCTOR NOTICED THAT THE OFFENDER WAS VERY WARM TO THE TOUCH AND APPLIED ICE PACKS TO THE OFFENDER IN CASE HE WAS HAVING A HEAT RELATED EMERGENCY. EMS ARRIVED AT APPROX. 2020 AND BEGAN TREATING THE OFFENDER. A DECISION WAS MADE BY EMS TO TAKE THE OFFENDER TO THE HUNSVILLE MUNICIPAL AIRPORT WHERE HE WOULD BE PLACED ON LIFEFLIGHT HELICOPTER. ONCE THE OFFENDER ARRIVED AT HERMAN MEMORIAL IN HOUSTON HE LOST ALL VITAL SIGNS. CPR WAS STARTED AT 2203 AND THE OFFENDER WAS PRONOUNCED DECEASED BY DR. GEORGE, LIBBY AT 2222. OFFICER GARY BAKE CO IV NOTIFIED LT. KEVIN SIMMONS OF THE DEATH AT 2235. OFFICER BAKE WAS TOLD

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE REVIEW -----

2

User ID: KSH8331

09:58am - Wed, Aug 10, 2011

Enter Command ===>

To: KSH8331 - SHAWAKER, KEVIN
From: KSI8517 - SIMMONS, KEVIN
Subject: I-11246 08 11

Message ID: 980675
Date Sent: 08/09/11
Priority: 000 Time Sent: 02:31am

BY MEDICAL STAFF FROM HERMAN HOSPITAL THAT THE OFFENDER DEATH MAY HAVE BEEN A RESULT OF HEAT AND THAT THE OFFENDERS BODY TEMPERATURE WAS 108. AT 1900 THE UNIT RECORDED THE TEMPERATURE AT 102, HUMIDITY AT 20 , AND HEAT INDEX AT 99. NOTIFICATIONS ARE AS FOLLOWS.
2237 WARDEN JONES NOTIFIED BY LT. SIMMONS
2239 REGION 1 DIRECTOR MR. UPSHAW NOTIFIED BY WARDEN JONES
2245 CHAPLAIN HART NOTIFIED BY LT. SIMMONS
2248 OIG OFFICER KEVIN SHAWACRE NOTIFIED BY LT. SIMMONS
2359 CARNES FUNERAL HOME NOTIFIED BY LT. SIMMONS
0118 EAC NOTIFIED BY LT. SIMMONS
AT THE CURRENT TIME CHAPLAIN HART HAS BEEN UNABLE TO CONTACT NEXT OF KIN AND IS STILL ATTEMPTING TO MAKE CONTACT.

COMMANDS: Ans TRa Read DEFer FILE P0st EDit DEL PUT QUE DCal Print Help End



CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
 - (1) give notice of the death of an inmate and the person fails to give the notice; or
 - (2) conduct an investigation and file a report and the person:
 - (A) fails to conduct the investigation or file the report, or
 - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

Article 49.18 (a) (b) (c). Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30th day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055 (b) (2), Government Code.
- (d) In this article:
 - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
 - (2) "In the custody of a peace officer" means:
 - (A) under arrest by a peace officer, or
 - (B) under the physical control or restraint of a peace officer.
 - (3) "State juvenile facility" means any facility or halfway house:
 - (A) operated by or under contract with the Texas Youth Commission or
 - (B) described by Section 51.02 (13) or (14), Family code.

Mail To: Office of the Attorney General
 Criminal Law Enforcement Division
 P.O. Box 12548
 Austin, Texas 78711-2548
 (512) 463-2170

Date of Report: August 19, 2011

1) AGENCY/FACILITY INFORMATION:

Name of Agency/Facility: **TDCJ – Office of the Inspector General**

Address: **P.O. Box 4003**

City, Zip Code: **Huntsville, TX 77342-4003**

Telephone Number: **(936) 437-5052**

Fax: **(936) 437-5010**

Signature of Director of _____

Revised 5/06 Replaces Form of 07/03/ which is obsolete
 CC-0267 (02/2008)

Custodial Death Rep
Page 2

2) IDENTITY OF DECEASED:

Name of deceased: Martone, Micheal SSN [REDACTED]

Race/Ethnic Group:

- African-American
- Native American
- Anglo
- Asian Hispanic
- Middle East
- Native Hawaiian/Pacific Islander
- Other (Specify)

Sex Male DOB: [REDACTED]
 Female Age: 57

3) DATE OF CUSTODY (arrest, incarceration):

Date: 10/26/2006

Time: Hour: Min am pm

4) DATE/TIME OF DEATH:

Month: 8 Day: 8 Year: 2011
 Time: Hour: 10 Min: 22 am pm

5) WHERE DID THE EVENT CAUSING THE DEATH OCCUR?

Street Address: 815 12TH Street

City: Huntsville

County: TX

6) HAS A MEDICAL EXAMINER OR CORONER CONDUCTED AN EVALUATION
TO DETERMINE A CAUSE OF DEATH?

- Yes, results are available
- Yes, results are pending
- No, evaluation pending
- No, evaluation not planned

7) MANNER OF DEATH:

1. Accidental Injury to self
2. Accidental Injury by others
3. Alcohol/Drug Intoxication
4. Justifiable Homicide
5. Other Homicide
6. Suicide
7. Natural Causes/Illness-Specify
8. Other-Specify:

8) MEDICAL CAUSE OF DEATH: Pending autopsy results: Cardiac arrest secondary to hyperthermia9) WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE
DECEASED DEVELOP THE CONDITION AFTER ADMISSION?

1. Pre-existing medical condition
2. Deceased developed condition after admission
3. N/A – cause of death was accidental injury, intoxication, suicide, or homicide.
4. Don't Know

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

10)

HAD THE DECEASED BEEN RECEIVING TREATMENT FOR A MEDICAL CONDITION AFTER ADMISSION TO YOUR JAIL'S JURISDICTION? Not Applicable No Yes-If yes, describe below (Include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):

11)

WHAT TYPE OF CUSTODY/FACILITY WAS THE OFFENDER IN/AT PRIOR TO THE TIME OF DEATH? Police Custody (pre-booking) Penitentiary Municipal Jail County Jail

12)

SPECIFIC TYPE OF CUSTODY/FACILITY Custody of Peace Officer during/fleeing arrest Custody of Peace Officer subsequent to arrest TDCJ-ID (Unit): Huntsville Unit (HV) Jail-single cell Jail-detox cell Jail-Multiple occupancy cell Jail-holding cell Jail-day room/recreation area Correctional/Rehabilitation Facility Hospital/Infirmary Halfway House/Restitution Center Non-law enforcement detox facility Name: _____ TYC-Facility: TJPC Detention Center:

WHAT WERE THE MOST SERIOUS OFFENSE(S) WITH WHICH THE DECEASED WAS (OR WOULD HAVE BEEN) CHARGED WITH AT THE TIME OF DEATH (required)

1. Intox. Manslaughter w/Deadly Weapon

2. _____

3. _____

 Filed Convicted Probation/Parole Not filed at time of death**Type of Charges** Violent Crime against Persons Child Abuse Serious Crime against Property Alcohol/Drug Offense Other-specify :

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

DID THE DECEASED DIE FROM A MEDICAL CONDITION OR FROM INJURIES SUSTAINED AT THE CRIME/ARREST SCENE?

- 14) Medical condition only
 Injuries only
 Both medical condition and injuries
 Don't Know
 Not Applicable

15) IF INJURED AT THE CRIME/ARREST SCENE, HOW WERE THESE INJURIES SUSTAINED?

- Inflicted by law enforcement officers
 Inflicted by others at crime/arrest scene
 Self-inflicted-accidental
 Self-inflicted-suicide
 Unknown
 Not Applicable

16) WAS THE DECEASED UNDER RESTRAINT IN THE TIME LEADING UP TO THE DEATH OR THE EVENTS CAUSING THE DEATH?

- No Yes, If yes, mark which restraint devices were used:
 Handcuffs
 Leg shackles
 Other device-Specify

17) WHAT TYPE OF WEAPON(S) CAUSED THE DEATH? (MARK ALL THAT APPLY)

- Handgun
 Rifle/Shotgun
 Nightstick or baton
 Stun gun or tazer
 Other-specify
 Not applicable

18) AT ANY TIME DURING THE ARREST/INCIDENT DID THE DECEASED: MARK ALL THAT APPLY

- Appear intoxicated (either alcohol or drugs)
 Threaten the officer(s) involved?
 Resist being handcuffed or arrested ?
 Try to escape/flee from custody?
 Grab, hit or fight with the officer(s) involved?
 Use a weapon to threaten or assault the officer(s) Specify
 Other – specify
 Not applicable

19) WHERE DID THE DECEASED DIE?

- At law enforcement facility
 At the crime/arrest scene
 At medical facility
 En route to medical facility
 En route to booking center/police lookup
 Elsewhere – Specify:

20) WHAT WAS THE TIME AND DATE OF THE DECEASED'S ENTRY INTO THE LAW ENFORCEMENT FACILITY WHERE THE DEATH OCCURRED?

N/A
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ AM: PM:

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

21) AT THE TIME OF ENTRY INTO THE FACILITY DID THE DECEASED: MARK ALL THAT APPLY

- Appear intoxicated (either alcohol or drugs)?
- Exhibit any mental health problems?
- Exhibit any medical problems?
- Not applicable

22) IF DEATH WAS AN ACCIDENT OR HOMICIDE, WHO CAUSED THE DEATH?

- Deceased
- Other detainees
- Law enforcement/correctional staff
- Other persons-specify
- Don't know
- Not applicable; cause of death was suicide, intoxication or illness/natural causes

23) IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- Firearm
- Blunt instrument
- Knife, cutting instrument
- Hanging, strangulation
- Drug overdose
- Other – specify
- Not applicable; cause of death was intoxication or illness/natural causes

ATTACH A SUMMARY OF HOW THE DEATH OCCURRED: On August 8, 2011, at approximately 8:00pm, Offender Martone stepped out of his single-man cell, G-1-4, and then collapsed onto the run, at the Huntsville Unit. Martone, who was breathing but unresponsive, was taken to the unit infirmary by gurney as a request to 911 assistance was placed. At 8:20pm, EMS arrived and took over Martone's medical care. At 8:45pm, Martone was transported by ambulance to the Huntsville Airport and transferred to a waiting LifeFlight helicopter. Martone was then flown to Memorial Herman Hospital, Houston, TX. Herman staff took over Martone's emergency care, however, Martone continued to decline and Dr. Libby George, MD, pronounced Martone deceased at 10:22pm. Pending autopsy results, the cause of death was cardiac arrest secondary to hyperthermia.



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

**INVESTIGATOR'S REPORT
OF CUSTODIAL DEATH**

OIG TRANSITORY #: (if necessary)

CASE #:	EAC #:	OFFICIAL DATE & TIME OF DEATH:			AUTOPSY ORDERED?
I-	8-8-2011	10:22	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DECEDENT NAME: (LAST, First, MI)		RACE:	SEX:	AGE:	DOB:
<u>MARTONE, MICHAEL</u>		W	M	57	[REDACTED]
IDENTIFICATION #:	UNIT OF ASSIGNMENT:			DATE & TIME FOUND:	
1395315	HV UNIT			8-8-2011	8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PLACE OF DEATH:	CITY		COUNTY:		ZIP CODE
<u>HERMAN MEMORIAL HOSPITAL</u>	<u>Houston</u>		<u>Harris</u>		<u>77030</u>
J.P. / M.E. NOTIFIED: (Name)	PRECINCT #	DATE & TIME J.P. / M.E. NOTIFIED			PHOTOGRAPHS?
<u>HARRIS CO M.E.</u>		<u>8-9-2011</u>			<input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF INQUEST:				DATE & TIME OF INQUEST:	
<u>HERMAN Memorial ER RM #10</u>				<u>8-9-2011</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	

★ LOCATION, POSITION and SURROUNDINGS of BODY ★

MEMORIAL HERMAN BYR ROOM #10. OFFICER MARTONE WAS SLEEPING ON A GURNEY COVERED FROM HIS TOE TO HIS HEAD WITH A BLANKET.

★ SUMMARY of HOW DEATH OCCURRED ★

ON 8-8-2011 AT APPROX 8:00 PM OFFICER MARTONE STEPPED OUT OF HIS SINGLE MAN CELL & COLLAPSED onto the G-I-RUN AT THE HV UNIT. 911/EMS ASSISTANCE WAS REQUESTED & MARTONE, WHO WAS BREATHING BUT UNRESPONSIVE, WAS TAKEN BY GURNEY TO THE UNIT INFIRARY. EMS ARRIVED AT 8:20PM & TOOK OVER MARTONE'S CARE. AT 8:45PM EMS TRANSPORTED MARTONE TO THE HUNTSVILLE AIRPORT WHERE LIFEFLIGHT 105 TRANSPORTED MARTONE TO HERMAN MEMORIAL HOSP, HOUSTON TX. AT 10:22 PM DR. LIBBY GEORGE pronounced MARTONE DECEDAD

TRANSPORTING FUNERAL HOME:	RECEIVING FUNERAL HOME:
<u>HARRIS COUNTY M.E.</u>	
INVESTIGATOR SIGNATURE:	TELEPHONE #:
<u>K.B. SHAWANOR 182</u>	() 936-662-4470

K.B. SHAWANOR Law Enforcement Agency:

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003 – Huntsville, TX 77342-4003
(936) 437-6735

J
N

INVESTIGATOR'S REPORT OF CUS. ODIAL DEATH

(Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - OFFICE OF THE INSPECTOR GENERAL

CASE #

DECEDENT NAME: (LAST, First MI)

PCO

IDENTIFICATION #:

MARTONE, MICHAEL

#1395315

★ CLOTHING WORN BY DECEDENT ★

 None Pants Shoes/Boots Jacket Belt Gown/Blouse Dress Other (list details below)

★ PROPERTY SENT WITH DECEDENT ★

NONE

★ MEDICAL HISTORY ★

Was death attended? Yes No Previous history of illness? Yes No UNKHistory of suicide? Yes No UNK HIV? Yes No UNK

HOSPITAL NAME:	ADDRESS:	TELEPHONE:
MEMORIAL HOSPITAL	6411 FANNIN HOUSTON 77030	713-704-4000
PHYSICIAN CONTACTED: (Name)	ADDRESS:	TELEPHONE:
		() -

DIAGNOSIS: PENDING AUTOPSY

★ NEXT OF KIN INFORMATION ★

NEXT OF KIN:	ADDRESS:	TELEPHONE:
ROXANNE MARTONE (DAW)	2409 WILLOW TRAIL DEER PARK, TX	(713)231-4343
NEXT OF KIN NOTIFIED BY: (Name)	TELEPHONE:	DATE & TIME NOTIFIED:
CHAPLAIN HART	() -	PENDING
		□ AM □ PM

★ IDENTIFICATION ★

★ DOCUMENTATION ★

HOW: Offender Records Fingerprints Order for Autopsy Clinic Notes (last 72 hrs) Viewed at Hospital/Scene Other ER Report (if available) Copy of Travel Card

K. SHAWAKOR

NONES

Verification Made By:

Relationship to Decedent:

REPORT DISTRIBUTION: (Include Complete Documentation)

(1) Case File (2) J.P. (3) To Accompany Body

Patient # <u>08-08-2011</u>		HWCEMS Trip Report	Call Number <u>3811</u> Patient # <u>1</u> of <u>1</u> Pg <u>1</u> of <u>2</u>		
PT. SSN: PT. NAME: Martone, Michael ADDRESS: PO # 99 CITY/STATE/ZIP: Elizabethtown PA 17022 PHONE #: 936 245 6371 DOB: AGE: 57 SEX: MALE FEMALE: FAMILY DR: 201m PS		GUARANTOR	NAME: <u>U</u> ADDRESS: <u>T</u> CITY/ST/ZIP: <u>M</u> PHONE #: <u>B</u> EMPLOYER: ADDRESS: CITY/ST/ZIP: EMP PHONE #:		
INSURANCE : GROUP #: <u>POLICY #:</u> MEDICARE #: MEDICAID #:			Scene Location: <u>Walt's unit</u> Transported to: <u>Harrisburg Airport</u> Mech. Of Injury: <u>Med</u>		
Response Times patch <u>2013</u> Leave Scene <u>2033</u> route <u>2015</u> Arrive Dest. <u>2015</u> area <u>2019</u> Arrive Scene <u>2019</u> PATCH REASON: <u>Med</u>		L.E. Times Dispatch Arrive In Service <u>2019</u> Depart	Response Information Response to Scene Code I <u>Code III</u> Starting Mileage Response to Destination Code I Natr <u>Code II</u> Ending Mileage MVC INV. Police Agency <u>3301</u> EMS Journ <u>3301</u> Attendant <u>J. Locke</u> Chancery <u>J. Green</u>	Personnel Attendant <u>J. Locke</u> Attendant <u>J. Green</u> Chancery <u>J. Green</u>	
ENVIRONMENT: <u>Young Surprise on Cot</u>		CHIEF COMPLAINT: <u>Am S</u>			
Level of Consciousness Alert and Oriented Response to Voice Response to Pain Unresponsive		Breathing Rate <u>< 10</u> <input type="checkbox"/> Unlabored <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Hot <input type="checkbox"/> Moisit <input type="checkbox"/> < 2 sec <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> 10 - 24 <input type="checkbox"/> Labored <input type="checkbox"/> Wet <input type="checkbox"/> Pale <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic <input type="checkbox"/> 2 - 4 sec <input type="checkbox"/> Sluggish <input type="checkbox"/> > 24 <input type="checkbox"/> Shallow <input type="checkbox"/> Wheezes <input type="checkbox"/> Flush <input type="checkbox"/> Cold <input type="checkbox"/> > 4 sec <input type="checkbox"/> Constricted <input type="checkbox"/> Apneic <input type="checkbox"/> Irregular <input type="checkbox"/> Diminished <input type="checkbox"/> Absent <input type="checkbox"/> Dilated <input type="checkbox"/> Assisted	Circulation Color <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Flush <input type="checkbox"/> Normal <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Moisit <input type="checkbox"/> < 2 sec <input type="checkbox"/> Absent Cap Refill <input type="checkbox"/> (for Pediatrics) <input type="checkbox"/> < 2 sec <input type="checkbox"/> 2 - 4 sec <input type="checkbox"/> > 4 sec <input type="checkbox"/> Nonreactive	Pupils L <input type="checkbox"/> Reactive <input type="checkbox"/> Sluggish <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input type="checkbox"/> Nonreactive R <input type="checkbox"/>	
Injury Description Notify the area of injury with the following numbers Amputation Blunt Injury Burn Crush Dislocation / Fracture Gunshot Laceration Pain Puncture / Stab Soft Tissue Injury		Head <input type="checkbox"/> Normal <input type="checkbox"/> D C A P B T L S Neck <input type="checkbox"/> Normal <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> JVD <input type="checkbox"/> Tracheal Deviation <input type="checkbox"/> B C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Crepititation Pelvis <input type="checkbox"/> Spinal Step Off <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Abdomen RLQ <input type="checkbox"/> Abdomen LLQ Back <input type="checkbox"/> Normal <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S	Chest <input type="checkbox"/> Normal <input type="checkbox"/> Paradoxical Movement <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Distention <input type="checkbox"/> Palpable Mass <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Crepitition	Abdomen RUQ <input type="checkbox"/> Normal <input type="checkbox"/> Rigidity <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Distention <input type="checkbox"/> Palpable Mass <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Tenderness	Abdomen LUQ <input type="checkbox"/> Normal <input type="checkbox"/> Rigidity <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Distention <input type="checkbox"/> Palpable Mass <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> D C A P B T L S <input type="checkbox"/> Tenderness
Right Arm Normal Pulse Absent Decrease or Absent Sensation Decreased or Absent Motor Func.		Left Arm <input type="checkbox"/> Normal <input type="checkbox"/> Pulse Absent <input type="checkbox"/> Decrease or <input type="checkbox"/> Absent Sensation <input type="checkbox"/> Decreased or <input type="checkbox"/> Absent Motor Func.	Right Leg <input type="checkbox"/> Normal <input type="checkbox"/> Pulse Absent <input type="checkbox"/> Decrease or <input type="checkbox"/> Absent Sensation <input type="checkbox"/> Decreased or <input type="checkbox"/> Absent Motor Func.	Left Leg <input type="checkbox"/> Normal <input type="checkbox"/> Pulse Absent <input type="checkbox"/> Decrease or <input type="checkbox"/> Absent Sensation <input type="checkbox"/> Decreased or <input type="checkbox"/> Absent Motor Func.	BTS For each area of the body, circle the appropriate BTS finding (<input checked="" type="checkbox"/>) Deformity <input type="checkbox"/> Contusions <input type="checkbox"/> Abrasions <input type="checkbox"/> Penetrations <input type="checkbox"/> Burns <input type="checkbox"/> Tenderness <input type="checkbox"/> Lacerations <input type="checkbox"/>
					GCS <u>5</u>
Copy of OIG case to Litigation Support on 09/19/2014 by ce UNAUTHORIZED COPYING OR VIEWING PROHIBITED Plaintiffs' MSJ Appx. 5308 OIG- Martone 1518					

HUNTSVILLE EMS FLOW SHEET							PAGE <u>2</u> OF <u>2</u>				
PATIENT NAME: Martone, Michael							CALL # 3811				
TIME	B.P.	PULSE	RESP.	SPO2	PROCEDURES	ATT	EKG	MEDICATION	DOSE	ROUTE	CREW #
06-08-14 10:00 AM	148/100	16	98		Vitals		Sinus	O2	15L NIBP	3672	
06-08-14 10:00 AM	150/100	16	99		18g. IV. ERTH Hand 1000ml NS 10g AT				15L NIBP	3672	
06-08-14 10:00 AM	156/100	16	99		Lidocaine 10mg IV Fast		200mcg	Succ. 200mg			
06-08-14 10:00 AM	154/100	16	99		Intubated T=3 FT 25cc Testy Perforated						
					intubate, Breath sounds		15C	Clear & R.			
					Capi 35+45		Versed	10g am	3672		
								Vec. 10mg			

Arrived on Scene to find 57 yo male lying supine on Cot in infirmary. B/P 148/100, Unresponsive. Officers claim he collapsed while in his cell and they moved him to the infirmary. Pt's vitals as shown, ECG Sinus 153/2 110, Pt's pupils sluggish. Pt unresponsive, 18g. IV. placed RT hand 1000mls NS 10g @ 150. Moved to ambulance - At 10:30 Entered Amb. and a naso-
nasal intubation unsuccessful. Administer 100mg Lidocaine, 200mcg Succ. 200mg Succ. intubated T=3 FT 25cc Testy. Breath sounds clear. Cap. 35+45, fog noted in opeba Gast. Searched Abdomen T=3 FT 99% pt. trans to Huntsville airport with add. O2 oxygen. Report and Care given to EOC phone se

HISTORY: HTN

HISTORY:

MEDICATIONS: N/A

MEDS CONT.:

ALLERGIES: N/A

NAME OF PROTOCOL FOLLOWED

SIGNATURE OF ATTENDANT

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UNAUTHORIZED COPYING OR VIEWING PROHIBITED
Plaintiffs' MSJ Appx. 5309

OIG- Martone 1514

Fax Server

8 /2011 9:00:34 AM PAGE 004/7 Fax Server

CARDIOPULMONARY ARREST / CRITICAL CARE

Memorial Hermann Hospital
Emergency Center47136147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB: [REDACTED] 57Y M SER:EMRNAME: T10615 P 127 BP 84/743 AGE 57 M F
WT: 134 lbs, 57 kg PULSE OX: % ROOM# ACZ/ TIME 2231

CC: Feeling Bad

MODE OF ARRIVAL: POV Ambulance Immobilized PREHOSPITAL ORDERS: No YesHPI SOURCE: Patient Family Member Friend EMS: LF Nurse's Notes ReviewedCONTEXT: Found Unresponsive CollapsedARREST: Witnessed or Unwitnessed @ Home Business WorkPRECEDING SIGNS & SYMPTOMS: None Known CP SOB Seizure Palpitations DIA Nausea VomitingCPR: No Yes (Bystander EMS)INITIAL EMS EXAM: GCS: 3 CV: Pulseless Carotid Pulse Present PRE-HOSPITAL INTUBATION: Yes NoINITIAL TELEMETRY REVEALED: Asystole PEA Bradycardia VFib Pulseless VT Tach → V. Fib → V. Tach Narrow-Complex Tachycardia Wide-Complex TachycardiaPRE-HOSPITAL: IV ACCESS: None 1/2 Gauge LOCATION: BR OL DB DAC DFA Wrist HandMEDICATIONS: Lidocaine Narcan Epinephrine NaHCO₃ Atropine Adenosine Amiodarone 300mg
ROUTE: IV ET Tube Dose: 150mg over 10 mins

57 yrs old arrived via LF 911 unresponsive. Pt. intubated by prearranged EMS.

Pt. is V. Tach then ~~V. Tach~~ ~~Cardiovert~~ → V. Tach → V. Fib → V. Tach

300mg Amiodarone given 5 min later to no effect. Pt. is still pulseless

on chest

 Unable to obtain additional information from patient. Reason:

ROS

 All Other Systems Reviewed And Negative (unless written or circled)

CONST:	GI:	PSYCH:
EYES:	GU:	ENDO:
ENT:	MS:	HEM/LYMPH:
CV:	SKIN:	ALL/IMMUN:
RESP:	NEURO:	OTHER:

WTD

PMH ADULT ILLNESS: None CAD HTN CVAs DM COPD AAA Dysthyrhythmias WTDSURGERY: None CABG Audioplasty WTDIMMUNIZATIONS: UTD TET DPT ALLERGIES: NKD PEN SulfaMEDICATIONS: See Nurse's Note WTDPH Negative WTDSH OCCUPATION: WTD HABITS: Tobacco WTD ETOH WTD Illicit Drugs WTDPE CONSTITUTIONAL: VITAL SIGNS: Normal Abnormal APPEARANCE: Well Poor Hygiene/Grooming AIRWAY: Not Intubated Intubated BREATHING: Agonal Bigged 7.5 LIT 23 cm d.L.P.S. CIRCULATION: Pulseless Carotid Pulse PresentSKIN: Normal Cyanotic Cold Diaphoretic Hot to touchEYES: Normal Dilated Pinpoint 5 mm → 5 mmENT: Normal Denied Trauma EmeticCV: Normal Tachycardic BradycardicRESP: Normal Unequal Breath Sounds Crackles Wheezes CTGAB When biggedGI: Normal Distended Pulsatile Mass HerniaMS (includes neck & back): Normal No Moving Extremities

THE PEARSON GROUP™ ALASKA

ED RECORD

CARDIOPULMONARY ARREST / CRITICAL CARE

80427

CARDIOPULMONARY ARREST / CRITICAL CARE (Continued)

47136147-9367 A A:08/08/11
 MARTONE, MICHAEL
 DOB: [REDACTED] 57Y M SER: EMR

HEME / LYMPH: Normal Elevated
 NEURO: Normal Coma GCS: 3

Medical Decision Making Discussed With Family Old Chart Requested FINDINGS:

DOX: MI PE AAA CVA Dysthythmia Tension PTX Tamponade Sepsis Seizure OD

LABS PERFORMED: Labs Essentially Normal Unless Noted Below *Hyperthermia, heat stroke*

CBC: WBC Hg Hct Plt

CHEMISTRIES: Na K Cl HCO₃ BUN Cr Glu GLUCOSE STICK (Low Elevated)

URINALYSIS: pH SG Protein Glu WBCs RBCs Bacteria

PT / PTT: DIGOXIN: URINE DRUG SCREEN:

CARDIAC ENZYMES: CK CK-MB MB% Troponin Myoglobin

ABG: pH PO₂ PO₂ O₂ sat ABG Interpretation:

EKG INTERPRETATION: NSR No ST Abnormality

Compared To EKG On / / ; No Significant Change

X-RAY: CXR: Normal Pneumonia CMC PTX Effusion Pulm. Edema

• ET TUBE PLACEMENT: Appropriate

ECHO: Normal

CT OF HEAD: Normal

Preliminary / Read By Radiologist

Treatment/Management See Procedure Note See Addendum Total Critical Care Time (>30 mins)

ADDITIONAL PROCEDURES (Done by Physician): CPR Cardioversion NGT Insertion Foley Insertion ABG

Venous Cutdown Other:

RE-EVALUATION TIME: Improved Worse No Change

Pt lost pulse ^{after MI} was moved to ED bed. CPR started. Pt became unresponsive. Conn'd Epinephrine, Sodium Bicarb & Calcium Chloride. Pt remained in asystole/pulseless

CONSULTATION DR. @ DR. Returned @ DR. Returned @

To See @ ED Hospital Office Rec.

PA/ARNP: PHYSICIAN'S SIGNATURE: *Marc J. Farber*

Attending Physician Note HISTORY: Cancer patient had NOC in chart

but denied of chest pain or pain

EXAM: TENDOLAR, PUPILS CTA(B)

C-Feed (B) P.T.

MEDICAL DECISION MAKING: COPE cont L.P.M.

Diagnosis: Heat Stroke, Cardiac Arrest

TREATMENT:

The Patient Was Seen And Examined By Me With The (PA Resident / Student) And I Agree With The History / Exam Documented

Discharge Admit Transfer

Other

CONDITION: Stable Fair Critical

ATTENDING SIGNATURE: *J. Farber*

Emergency Dept. Nursing Reports

~~EMERGENCY DEPT. NURSING REPORT~~

Document Name: Emergency Dept Trauma
Performed By: Beebe, Donald RN

Date: 08/08/2011 22:03:00
Result Status: Modified

Tracking Acuity: 8/8/2011 22:05

Beebe, Donald RN - 8/8/2011 22:05

Pregnancy Status: Pregnancy into not applicable

Isolation: No Isolation

Height Collection Method: Estimated

BSA: 2.5766m²

Height ft (tmp): 5ft

Height inch (tmp): 9.00inch

Type of Weight Measurement: Pounds/Ounces

Height: 175.26cm

Weight Collection Method: Estimated

Body Mass Index: 44.40m²

Weight lbs (tmp): 300lb

Weight: 136.36kg

Method of arrival: Helicopter

Mode of Arrival: Stretcher

Accompanied by: Self

Beebe, Donald RN - 8/8/2011 22:05

CPR Initiation

CPR: Documented on electronic form

CPR initiated at: 8/8/2011 22:03

CPR Initiated Time: Actual

CPR Initiation Location: Post-arrival

CPR Intervention Rhythm: Other: wide complex progressing into peo

Arrest Symptoms: Pulses absent

Beebe, Donald RN - 8/8/2011 22:05

CPR

ED CPR Vital Signs PG

Intervention Time:	2203	2204	2206	2208
CPR Intervention Rhythm:	Asystole (Comment: with occasional non-perfusing ECG beat noted [Beebe, Donald RN - 8/8/2011 22:32])	Asystole	Asystole	Asystole
CPR Interventions:	Ambu ventilation started, Compressions started	Compressions continued	Compressions started	Ambu ventilation continued, Compressions continued
Epinephrine		1		1

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient: MARTONE, MICHAEL
DOB/Sex: [REDACTED] Male
Physician: George, Libby Crenshaw
Account#: 471361479367
CPI#: 47136147
Location: HR EMTR INBOUND
Pt Type: ER Emergency Center
Adm/Dc Date: 08/08/2011 / 08/08/2011

Page 6 of 21

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Emergency Dept. Nursing Reports

(numeric): Atropine (numeric):			1	
CPR Med - Other: Post-Intervention Rhythm :			Asystole	Asystole

Beebe, Donald RN - 8/8/2011 22:32 Beebe, Donald RN - 8/8/2011 22:32 Beebe, Donald RN - 8/8/2011 22:32 Beebe, Donald RN - 8/8/2011 22:32

Intervention Time: CPR Intervention Rhythm :	2210 Asystole	2212 Asystole	2214 Asystole	2216 Asystole
CPR Interventions	Ambu ventilation continued, Compressions continued	Ambu ventilation started, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric):	1		1	
Atropine (numeric):				1
CPR Med - Other:	8.4% Sodium Bicarb 50mL	1 gram CACI Beebe, Donald RN - 8/8/2011 22:47		
Post-Intervention Rhythm :	Beebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32

Intervention Time: CPR Intervention Rhythm :	2218	2220	2222
CPR Interventions	Asystole	Asystole	Asystole
	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric):	1		
Atropine (numeric):			
CPR Med - Other: Post-Intervention Rhythm :		Asystole	
	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32

CPR Result: Unsuccessful

Pronounced by: Sims II, Marcus Lynn DO

CPR Ended at: 8/8/2011 22:02

Permanent Patient Record
Memorial Hermann HospitalMEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Beebe, Donald RN - 8/8/2011 22:32

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Libby Crenshaw
 Account#: 471361479367
 CPh#: 47136147
 Location: HH EDTR INBOUND
 Pt Type: ER Emergency Center
 Adm/De Date: 08/08/2011 / 08/08/2011

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Fax Server 8/10/2011 9:00 34 AM PAGE 00 30 Fax Server
Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HV) on 08/10/2011 09:28

WVHS ENTERPRISE

MARTONE MICHAEL
C-3471-1351-5-1
Male Black
Raven ER
Loc 2

Technician: MANCL 145
Test and POSI ANES

08-130 2011 22:02:45

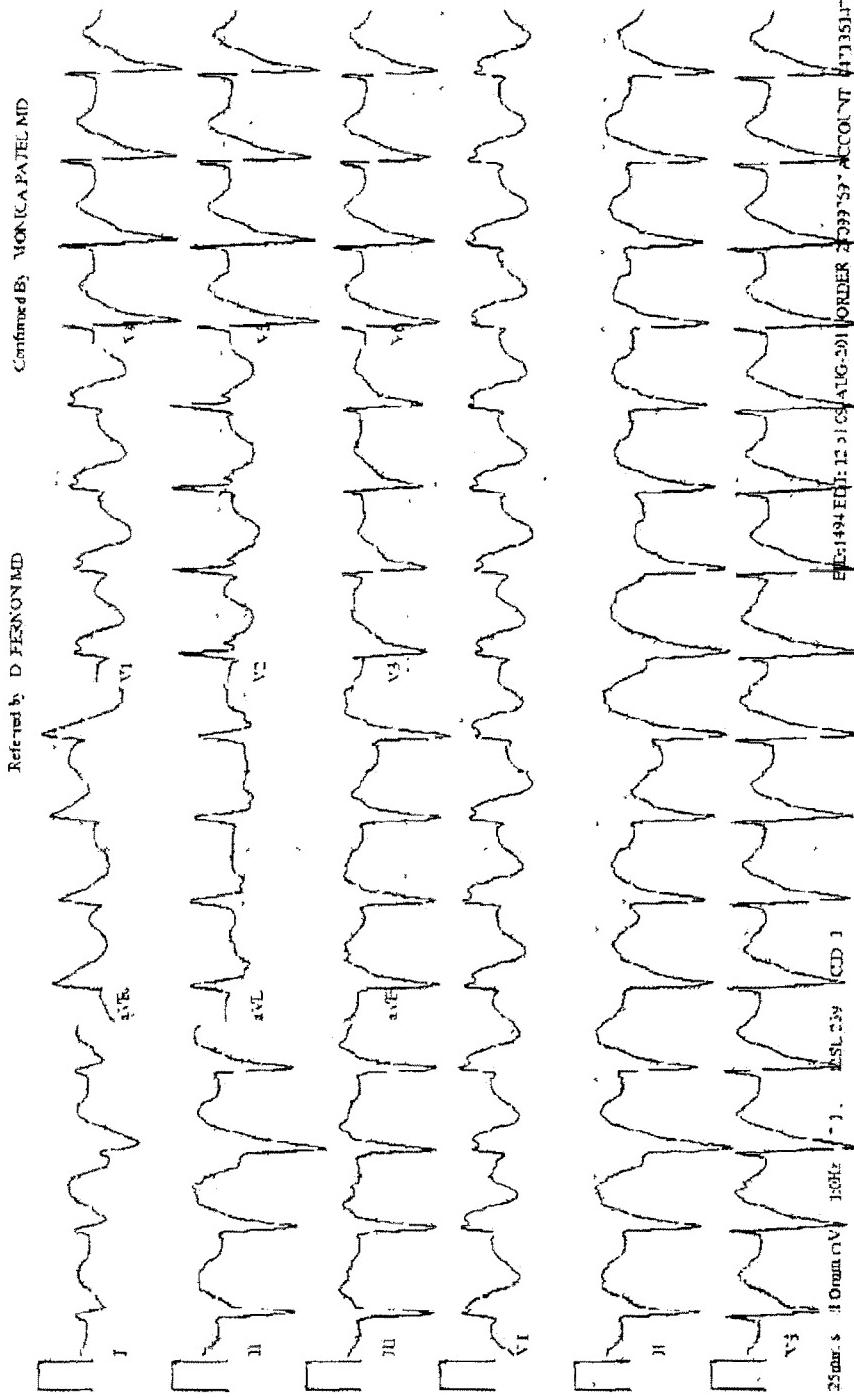
Vert rate 98 BPM
PR interval ms
QRS duration ms
QTc ms
P-R interval ms

ECG

ABNORMAL ECG

NO PREVIOUS ECGS AVAILABLE

Confined by PATEL MD 1494 08/09/2011 12:51:11 PM



Confirmed By: MONICA PATEL MD

Referred by D PERSONAL MD

Fax Server 8/10/2011 9:00 34 AM PAGE 01 J30 **Fax Server**
Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HV) on 08/10/2011 09:28

MEMORIAL HERMANN HEALTHCARE SYSTEM										Patient Registration					
PATIENT INFORMATION	Patient Type EMERGENCY C	Location EDTR	Report UNKNOWN		To Admit By	Admit By WHZ		From By JEMIL 08/05/11 0309							
	Date Admit 08/08/11	Time 21:31	MRN Account Number 47136107-9367		Priority Code RELEASED	Admit Date N/A	Sid号 EMR	Printed Name GOVT PROGRAMS	PC PR						
	Discharge Date 08/08/11	Age 57Y	Sex M	Soc Sec# ###-##-####	Rate B	Admit Type B	Admit Source DOCTOR/	Acc Leave							
	Patient's Name MARTONE, MICHAEL										Patient's Spouse				
	Patient's Address (1) 815 12TH ST										Father's Name				
	Patient's Address (2)										Mother's Name				
EMPLOYMENT INFORMATION	City, State, Zip HUNTSVILLE TX 77348	Phone 936-437-1975		Mother's Account Number											
	County/City WALKER	Employer's Name UNEMPLOYED		Name SIMMONS, KEVIN		Relation IN									
	Employer's Address (1)	Employee's Name None		Employer's Name None											
	Employer's Address (2)	Home Phone 936-437-1975		Home Phone 936-437-1975											
	City, State, Zip	Work Phone -		Work Phone -											
	Employer's Phone	Ext -		ADM DX.											
Occupation	Last Hospital Activity Date		Proc												
GUARANTEE INFORMATION	Guarantor Name CRAIG MARTONE, MICHAEL	Attending Physician -		NPI NPI1124059027		UPIN I25505									
	Address (1) 815 12TH ST	Physician Fax -		Fax -		DM 003861									
	Address (2)	Attending Physician -		NPI NPI1124059027		UPIN I25505									
	City, State, Zip HUNTSVILLE TX 77348	PCP, None -		PCP, None -		DM 003861									
	Home Phone 936-437-1975	Physician Fax -		NPI -		UPIN OTH000									
	Social Security No ##-##-##	NPI -		NPI -		DRN 099905									
GUARANTEE INFORMATION	Guarantor Employer UNEMPLOYED	Referring Physician -		NPI -		UPIN DRA									
	Address (1)	Address -		Address -											
	Address (2)	City, State, Zip -		City, State, Zip -											
	City, State, Zip	Transferring Institution -		Transferring Institution -											
	Work Phone	Last Hospital Activity Date		Clinic Site											
	Occupation	IP		IP											
Effective Date 08/00/11	OP		Life Flight # 3627A		MOA		D			ER		Disposition Type			
PRIVACY INFORMATION	Insurance Co PRISONERS NON-HARRIS CRR&C	Insurance Co -		Code											
	Inured MARTONE, MICHAEL	Insured -													
	Conditioned 1395315	Certified (fw Camp) / /													
	Group NONE	Eff Date 08/05/11	Certified Certified												
	Verified Wali	Date -	Ground Verified -		RF Date / /										
	Phone SIMMONS, KEVIN	Date -	Wills -		Date -										
AOB U	Authorization -	Phone -		Fax -											
Medication ID -	Discharged -	AOB -		Authorization -											
Mail Claim to HUNTSVILLE UNIT	815 12TH ST	Medicare B -		Discharged -											
	HUNTSVILLE	Mail Claim to TX 77348													
Rew Appy -	Pl. -	Rew Accy. -		Pl. -											
Comments: ***MATHERS, MARSHALL###/VAOB/NINS/NID/MAH						Info By		CORRECTIONAL OF							
Memorial Hospital HERMANN HOSPITAL						Info By		CORRECTIONAL OF							

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Plaintiffs' MSJ Appx. 5315

OIG- Martone 1520

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CARDIOPULMONARY ARREST / CRITICAL CARE Memorial Hermann Hospital Emergency Center		47136147-9367 A A:08/08/11 MARTONE, MICHAEL DOB: [REDACTED] 57Y M GEN:EMR
NAME: T/0615 P 127 BP 84/43 AGE 57 M F R/B WT: 134, D 16, A 14 PULSE OX: % ROOM# A221 TIME 2231 CC: Falls B1 MODE OF ARRIVAL: <input checked="" type="checkbox"/> POV <input type="checkbox"/> Ambulance <input type="checkbox"/> Immobilized PREHOSPITAL ORDERS: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
HPI SOURCE: <input type="checkbox"/> Patient <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input checked="" type="checkbox"/> EMS, LF <input checked="" type="checkbox"/> Nurse's Notes Reviewed CONTEXT: <input checked="" type="checkbox"/> Found Unresponsive <input type="checkbox"/> Collapsed ARREST: <input type="checkbox"/> Witnessed or <input checked="" type="checkbox"/> Unwitnessed @ <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public PRECEDING SIGNS & SYMPTOMS: <input type="checkbox"/> None Known <input type="checkbox"/> C/P <input type="checkbox"/> SOB <input type="checkbox"/> Seizure <input type="checkbox"/> Palpitations <input type="checkbox"/> UA <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting CPR: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (<input type="checkbox"/> Bystander <input checked="" type="checkbox"/> EMS) INITIAL EMS EXAM: GCS: 3 CV: <input type="checkbox"/> Pulseless <input checked="" type="checkbox"/> Carotid Pulse Present PRE-HOSPITAL INTUBATION: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No INITIAL TELEMETRY REVEALED: <input type="checkbox"/> Asystole <input type="checkbox"/> PEA <input type="checkbox"/> Bradycardia <input type="checkbox"/> V Fib <input type="checkbox"/> Pulseless VT <input type="checkbox"/> Tachy → <input type="checkbox"/> <input type="checkbox"/> Narrow-Complex Tachycardia <input checked="" type="checkbox"/> Wide-Complex Tachycardia PRE-HOSPITAL IV ACCESS: <input type="checkbox"/> None <input type="checkbox"/> 1/2 Gauge LOCATION: <input checked="" type="checkbox"/> RL DB <input type="checkbox"/> AAC <input type="checkbox"/> DFA <input checked="" type="checkbox"/> Wrist <input type="checkbox"/> Hand MEDICATIONS: Lidocaine <input type="checkbox"/> Narcan <input checked="" type="checkbox"/> Epinephrine <input type="checkbox"/> NaHCO ₃ <input type="checkbox"/> Atropine <input type="checkbox"/> Adenosine <input type="checkbox"/> Amiodarone 300mg ROUTE: <input checked="" type="checkbox"/> IV Dose 150mg over 10 mins Pt 57 yo ♂ arrived via LF 911 Unresponsive RL Intubated by ground EMS Pt to V-Tach then stable Bradycardia → V-Tach → V. Fib → V-Tach. 300mg Amiodarone given. In route to ICU given. Pt E. ICE PALS on... Chest <input type="checkbox"/> Unable to obtain additional information from patient. Reason:		
ROS ALL Other Systems Reviewed And Negative (unless written in red)		
COM: <input type="checkbox"/> W/TD	GI: <input type="checkbox"/> W/TD	PSYCH: <input type="checkbox"/> END:
EYES: <input type="checkbox"/> W/TD	GU: <input type="checkbox"/> W/TD	HEMI/LYMPH: <input type="checkbox"/> W/TD
ENT: <input type="checkbox"/> W/TD	MS: <input type="checkbox"/> W/TD	ALL/IMMUN: <input type="checkbox"/> W/TD
CV: <input type="checkbox"/> SKIN: <input type="checkbox"/> W/TD	NEURO: <input type="checkbox"/> W/TD	OTHER: <input type="checkbox"/> W/TD
PMH ADULT ILLNESS: <input type="checkbox"/> None <input type="checkbox"/> CAD <input type="checkbox"/> HTN <input type="checkbox"/> CVA: <input type="checkbox"/> DDM <input type="checkbox"/> COPD <input type="checkbox"/> AAA <input type="checkbox"/> Dysrhythmias <input type="checkbox"/> W/TD SURGERY: <input type="checkbox"/> None <input type="checkbox"/> CABG <input type="checkbox"/> Aortoplasty <input type="checkbox"/> W/TD IMMUNIZATIONS: <input type="checkbox"/> UTD <input type="checkbox"/> TEF <input checked="" type="checkbox"/> ALLERGIES: <input type="checkbox"/> NKD <input type="checkbox"/> PTEN <input type="checkbox"/> Sulfa MEDICATIONS: <input type="checkbox"/> See Nurse's Note <input type="checkbox"/> W/TD		
FH <input type="checkbox"/> Negative <input type="checkbox"/> W/TD SH OCCUPATION: <input type="checkbox"/> W/TD HABITS: Tobacco <input type="checkbox"/> W/TD ETOH <input type="checkbox"/> W/TD Illicit Drugs <input type="checkbox"/> W/TD		
PE CONSTITUTIONAL VITAL SIGNS: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> AIRWAY: <input type="checkbox"/> Not Intubated <input type="checkbox"/> Intubated <input checked="" type="checkbox"/> BREATHING: <input type="checkbox"/> Agonal <input checked="" type="checkbox"/> Bigged <input type="checkbox"/> 5 PFT, 22 cm 2 LIPS <input checked="" type="checkbox"/> CIRCULATION: <input type="checkbox"/> Pulseless <input checked="" type="checkbox"/> Carotid Pulse Present SKIN: <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cold <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Hot <input type="checkbox"/> to touch EYES: <input type="checkbox"/> Normal <input type="checkbox"/> Dilated <input type="checkbox"/> Pinpoint <input type="checkbox"/> mm → <input type="checkbox"/> mm ENTR: <input type="checkbox"/> Normal <input type="checkbox"/> Dental Trauma <input type="checkbox"/> Edema CV: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Tachycardia <input type="checkbox"/> Bradycardia RESPI: <input type="checkbox"/> Normal <input type="checkbox"/> Unequal Breath Sounds <input type="checkbox"/> Crackles <input type="checkbox"/> Wheezes <input type="checkbox"/> CTAIS When flagged GI: <input type="checkbox"/> Normal <input type="checkbox"/> Distended <input type="checkbox"/> Palpable Mass <input type="checkbox"/> Constipation MS (includes neck & back): <input type="checkbox"/> Normal <input type="checkbox"/> N/V <input type="checkbox"/> Headache <input type="checkbox"/> Extremities		APPEARANCE: <input type="checkbox"/> Well <input checked="" type="checkbox"/> Ill <input type="checkbox"/> Poor Hygiene/Grooming ED RECORD CARDIOPULMONARY ARREST / CRITICAL CARE

The Position of the Plaintiff
 80427

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CARDIOPULMONARY ARREST / CRITICAL CARE (Continued)

47136147-9367 A A:08/08/11
MARTINEZ, MICHAEL
DOB: 57Y M SER: ENR

Heme/Lymph: Normal Edema
Neuro: Normal Coma GCS: 3

Medical Decision Making: Discussed With Family Old Chart Requested **FINDINGS:**

DX: MI PE AAA CVA Dysthymia Tension PTH Tampolade Sepsis Seizure OD

LABS PERFORMED: Labs Essentially Normal Unless Noted Below *Hypertension, heat stroke*

- CBC: WBC Hg Hct Plt
- CHEMISTRIES: Na K Cl HCO₃ BUN Cr Glu GLUCOSE STICK (Low Elevated)
- URINALYSIS: pH SG Protein Glc WBCs RBCs Bacteria
- OPT / PTT: DIGOXIN. URINE DRUG SCREEN
- CARDIAC ENZYMES: CK CK-MB MB₁ Troponin Myoglobin
- ABG: pH PO₂ PO₂ Cr ABG Interpretation

EKG INTERPRETATION: NSR ST Abnormality
 Compared To EKG On _____ / _____; No Significant Change

X-RAY: CXR: Normal Pneumonia CMC PTH Effusion Pnl Edema
 ET TUBE PLACEMENT: Appropriate
 ECGC: Normal
 CT OF HEAD: Normal
 Preliminary / Read By Radiologist

Treatment/Management: See Procedure Note See Addendum Total Critical Care Time (>30 mins): _____

ADDITIONAL PROCEDURES (done by Physician): CPK Cardiopulm NGT Insertion Foley Insertion ABG
 Venous Catheter Other _____

RE-EVALUATION TIME: Improved Worse No Change
 Pt lost pulse & turned gray. Moved to ED bed. CPR started. Pt became white. Combs EKG / Arterial Line Sats - Blood & Urine Culture. Pt remained in asystole/pulseless

CONSULTATION DR: _____ @ _____ Returned @ _____ ; DR _____ @ _____ Returned @ _____
 To see @ OED Hospital Office Rec.

PA/ARNP: _____ **PHYSICIAN'S SIGNATURE:** *Marc J. Stern*

Attending Physician Note: HISTORY: cardiac arrest had ROSC in scutt but arrested shortly after. EXAM: Temp 100.5^o F, BP 80/50 mmHg, CTA/B¹ C feces (3) P¹. MEDICAL DECISION MAKING: Core temp 44 min. Diagnosis: Heat Stroke, cardiac arrest?

TREATMENT: _____

The Patient Was Seen And Examined By Me With The PA Resident Student And I Agree With The History / Exam Documented
 Discharge Admit Transfer Other _____

ATTENDING SIGNATURE: *J. Stern MD*

THE ROSSIDOM GROUP™ NEWCASTLE
Serving the Pacific Northwest

ED Records

CARDIOPULMONARY ARREST / CRITICAL CARE

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KILO1687, MALE
11 years Male Caucasian
Room: ACT21 Loc 2
Vent. rate 64 bpm
PR interval * ms
QRS duration 162 ms
QT/QTc 430/495 ms
P-R-T axes * 258 56

Technician MANGILAS
Test id: POST ARES

ID 047136147

8-Aug-2011 22:03:18

MEMORIAL HERMANN HOSPITAL
Abtrial fibrillation with premature ventricular or aberrantly conducted complexes

47136147-9367 A A:08/08/11

MARTONE, MICHAEL 57Y M SBR: ENR

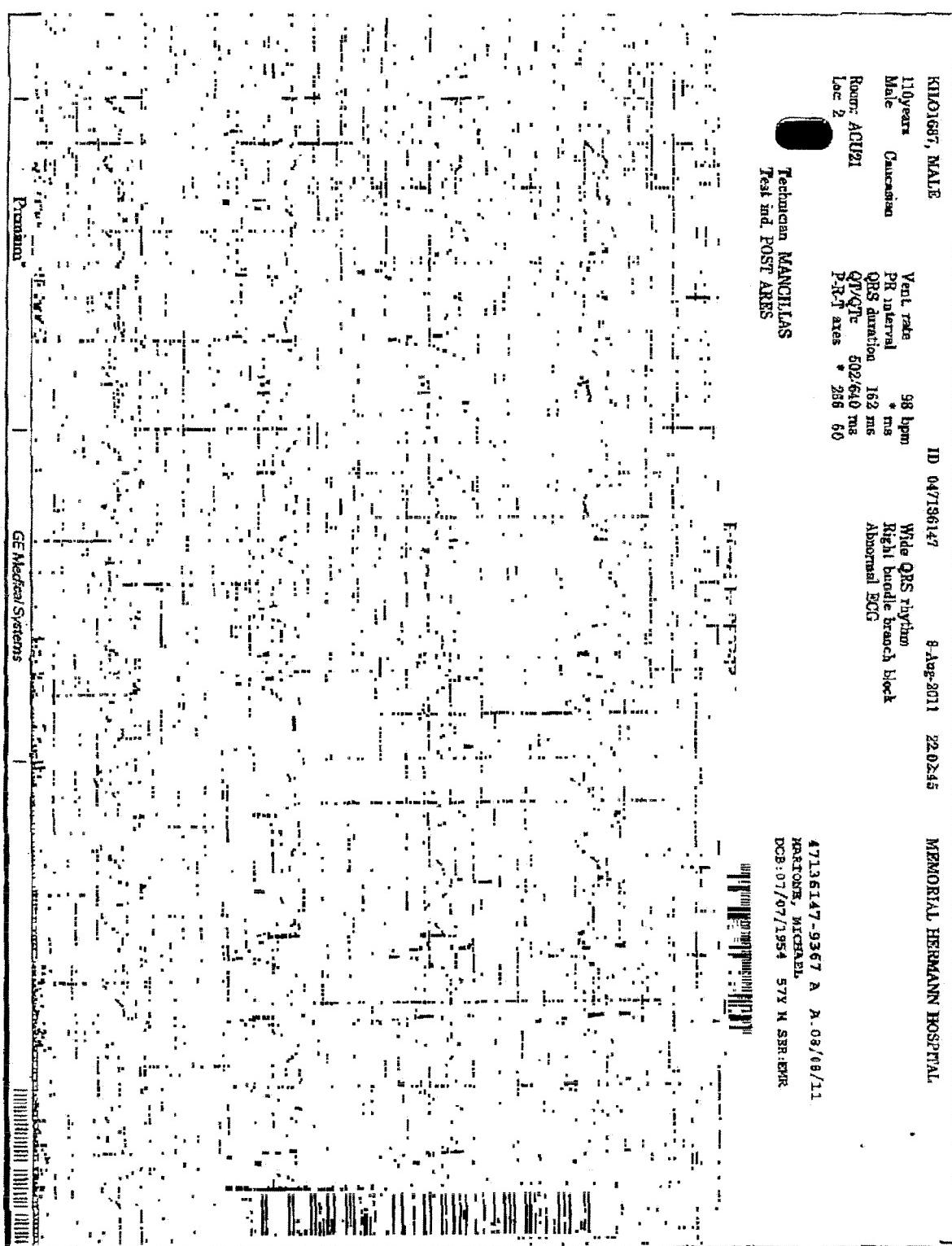
DDB - 07/07/1954

#HOL

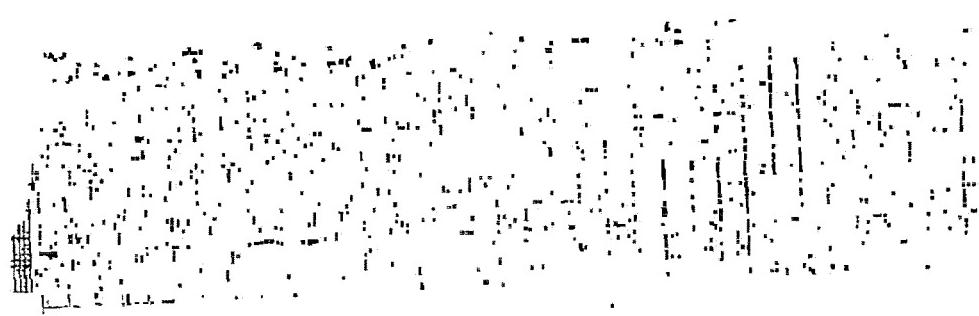
Premium

GE Medical Systems

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REPORT #1	
	
REPORT #2	
	
<p>47136147-9367 A A 08/08/11 MARTONE, MICHAEL STY M SER.EMR DOB: 07/07/1967</p>	
Memorial Hermann Hospital	
BLOOD BANK	

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**Nurse: Notify Chaplain on-call
(pg 10950)**

Was patient restrained in the past 7 days? Yes No
Notify CA

Section 1: Physician to Complete

Patient Name: _____ Unit/Bed: ED Telephone: _____
Date of Death: _____ Time of Death: 2222 Time Notified: _____
Pronouncing MD: Libby George, M.D.
Attending MD: Libby George, M.D.
Paper/Telephone: (313) 704-4060

- | | | | |
|----------|---|--|--|
| A | Notification |
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attending physician notified. |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family notified |
| | |
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Death note on chart. | |
| B | Medical Examiner (713-708-8740) | Johnson - will | |
| |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Determined to be ME's case (required by law: suicide, homicide; death within 24 hours of admission, accident contributed to death); evidence or suspicion of foul play or abuse, or any child six years old or younger.) | | |
| |
<input type="checkbox"/> If Yes Medical Examiner notified by _____ | | |
| | Date: _____ Time: _____ | ME Investigator: | _____ |
| |
<input type="checkbox"/> If No Name of Texas licensed physician to sign death certificate: | | |
| | Name: _____ Office Telephone: _____ | | |
| |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Body released to Memorial Hermann hospital. | | |
| C | Autopsy (If not ME's case) | | |
| |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Requested by family or physician |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family consented, | |
| |
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Authorization signed by legal next of kin and two witnesses | | |
| |
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Restrictions or "none" noted on authorization | | |

Physician Signature: _____ Date: _____ Time: _____

Section 2: Nurse to Complete

- A. Notification**

Family to sign funeral home authorization if not a ME case.

Nursing Unit Director notified on weekdays (7 a.m. to 4 p.m.) Director: _____

Operations Administrator notified on evenings (4 p.m. to 7 a.m.) and weekends (24 hours) Page 70800
OA: Jeanne T. (J.T.)

B. Organ and Tissue Donation

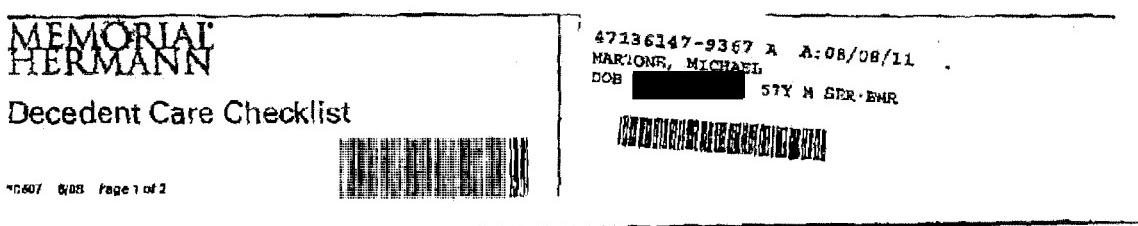
Notify LifeGift at 713-737-8111

LifeGift Coordinator contacted: 816 5054 Test for Rev. 103

Yes No Consent obtained for organ donation.

Yes No patient candidate for tissue donation

Yes No Consent given for tissue donation



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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Pre Arrival Date 08/08/2011 22:11:24
Performed By Deche, Donald RN Result Status Auth (Verified)

Emergency Dept Pre Arrival

Pre-Arrival Summary

Name POST CPR, MALE Current Date 8/8/2011 22:11:24 CDT
Gender: Male

Age:

Pre-Arrival Type: EMS

ETA: 8/8/2011 22:09:00 CDT

Primary Care Physician:

RFV:

Pre-Arrival User: Shaver, Scott RN

Referring Source:

Location: A

PreArrival Data

	B/P	Pulse	Resp	O ₂ Sat	Temp	Allergies
Vital Signs:						
Interventions Medications and Miscellaneous (IVs, O ₂ , Meds)	TDC Inmate - being sent to UTMB for Heat Exhaustion Arrested in route x2 Divert to MHH					

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Phyician George, Libby Crenshaw
Account# 471361479367
CPI# 47136147
Location HR E111K INBOUND
Pt Type ER Emergency Center
Admit/Dt Date 08/08/2011 / 08/08/2011

Page 1 of 21

M.J.

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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Triage Date 08/08/2011 21:58:00
Performed By LaRoche, Lauren Ashleigh Result Status Auth (Verified)

ED Medical Screening Exam Entered On 8/8/2011 21:58
Performed On 8/8/2011 21:58 by LaRoche, Lauren Ashleigh

Medical Screening Exam
Medical Screening Exam Status Present
MSE Performed by LaRoche, Lauren Ashleigh MD

LaRoche, Lauren Ashleigh - 8/8/2011 21:58

Document Name Emergency Dept Triage Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Triage Entered On 8/8/2011 22:20
Performed On 8/8/2011 21:31 by Beebe, Donald RN

Triage
Chief Complaint transfer for weakness and AMS
Reason for Visit_ED Altered mental status

Beebe, Donald RN - 8/8/2011 22:17

DCP Generic Code
Tracking Acuity 1 Critical HH
Tracking Group HH EDHH

Beebe, Donald RN - 8/8/2011 22:17

Arrival Information Section Yes
Work related injury No
Allergies verified Unknown
Suicide/Homicide Risk None
Isolation Precautions Order Detail No Isolation
Vital Signs Assessed Yes
Assessment Review Assessment
Pregnancy Status Pregnancy info not applicable

Beebe, Donald RN - 8/8/2011 22:17

Tuberculosis Symtome
Bloody Sputum No
Fangue No
Fever No
Loss of Appetite No
Night Sweats No
Persistent Cough ≥ 3 Weeks No
Weight Loss No

Beebe, Donald RN - 8/8/2011 22:17

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Patient MARIONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Censhaw
Account# 471361479367
CPR# 47136147
Location HH ED/IR INBOUND
Pt Type ER Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Triage
Printed By Beebe, Donald RN

Date 08/08/2011 21:11:00
Result Status Auth (Verified)

Arrival Information

Method of arrival: Helicopter
Mode of Arrival: Stretcher
Accompanied by: Self

Beebe, Donald RN - 8/8/2011 22:17

Review

EENT Assessment picklist Not assessed
Cardiovascular Assessment picklist Not assessed
Respiratory Assessment picklist Document assessment
Neurological Assessment picklist Document assessment
Gastrointestinal Assessment picklist Not assessed
Genitourinary Assessment picklist Not assessed
Musculoskeletal Assessment picklist Not assessed
Integumentary Assessment picklist Not assessed

Beebe, Donald RN - 8/8/2011 22:17

Vital Signs

Systolic Blood Pressure 84mmHg (LOW)
Diastolic Blood Pressure 43mmHg (LOW)
Peripheral Pulse Rate 127bpm (HI)
Respiratory Rate 18BRMIN
BP Method of Collection Electronic
Pain No
Temperature Bladder 106.5DegF (Converted to 41.4DegC) (HI)
BP Site Laterality Left arm
ED Glasgow Coma Scale Vital Yes
BP Collection Position Sitting

Beebe, Donald RN - 8/8/2011 22:17

ED Hx, Vit, & Allrg

Respiratory

ED Breath Sounds RUL
RUL Clear
LUL Clear
RMI Clear
LLL Clear
RLL Clear

Beebe, Donald RN - 8/8/2011 22:17

ED Respiratory comments: pt on vent

Beebe, Donald RN - 8/8/2011 22:17

Neurological

Neurological Symptoms: Other unresponsive

Beebe, Donald RN - 8/8/2011 22:17

Permanent Patient Record

Memorial Hermann Hospital

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Printed 8/9/2011 3:18 AM

Patient MARONE, MICHAEL
DOB/Sex [REDACTED] Male
Phy names George, Libby Crenshaw
Account# 471361470367
CPR# 47136147
Location HH EDTR INBOUND
Pt Type ER Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Assessment Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Assessment Entered On 8/8/2011 22:26
Performed On 8/8/2011 21:31 by Beebe, Donald RN

Review

EENT Assessment picklist Not assessed
Cardiovascular Assessment picklist Document assessment
Respiratory Assessment picklist Document assessment
Neurological Assessment picklist Document assessment
Gastrointestinal Assessment picklist Not assessed
Genitourinary Assessment picklist Not assessed
Musculoskeletal Assessment picklist Not assessed
Integumentary Assessment picklist Not assessed

Beebe, Donald RN - 8/8/2011 22:22

ED Ht, Wt, & Alerg

Problems and Diagnosis

Glasgow Coma
Eye Opening Response Glasgow None (1)
Best Verbal Response Glasgow None (1)
Best Motor Response Glasgow Flaccid (1)
Glasgow Coma Score 3

Beebe, Donald RN - 8/8/2011 22:22

Cardiovascular

Heart Rhythm Regular
Cardiac Rhythm Assessment Trigger Yes

Beebe, Donald RN - 8/8/2011 22:22

Cardiac Rhythm

Monitoring Lead II
Ectopy Description Wide complex

Beebe, Donald RN - 8/8/2011 22:22

Respiratory

ED Breath Sounds RUL

RUL Clear

LUL Clear

RML Clear

LLL Clear

RLL Clear

Beebe, Donald RN - 8/8/2011 22:22

ED Respiratory comments pt orally intubated PIA with /5 ETT secured 23cm at lips

Beebe, Donald RN - 8/8/2011 22:22

Neurological

Neurological Symptoms Other pt arrived unresponsive

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
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Patient	MARTONE, MICHAEL
DOB/Sex	[REDACTED] 4 Male
Phy name	George, Tabby Crenshaw
Account #	471361479367
Cabin	47136147
Location	HR ED IR INBOUND
Pl Type	61 Emergency Center
Adm/Dc Date	08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

[Redacted]

Document Name Emergency Dept Assessment Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

Level of Consciousness Comatose
Glasgow Coma Scale Assessment Yes

Beebe, Donald RN - 8/8/2011 22:22

Document Name Emergency Dept Assessment Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Nurses Notes Entered On 8/8/2011 22:30
Performed On 8/8/2011 21:31 by Beebe, Donald RN

Nurses Notes

Nurses Notes pt arrived via lifeflight ems reports pt was in his prison cell with no AC and c/o weakness. pt was found approx 1hr later u/u and in a wide complex tachycardia, pt was intubated by ems. pt was shocked x1 at 100J with no change, pt was shocked again into a v fib rhythm, pt was shocked into a wide complex tachycardia and initiated on Amiodarone

Beebe, Donald RN - 8/8/2011 22:28

[Redacted]

Document Name Emergency Dept Trauma Date 08/08/2011 22:01:00
Performed By Beebe, Donald RN Result Status Modified

ED CPR Entered On 8/8/2011 22:40
Performed On 8/8/2011 22:03 by Beebe, Donald RN

Triage

Chief Complaint pt transfer for weakness
Reason for Visit Altered mental status

Beebe, Donald RN - 8/8/2011 22:05
Beebe, Donald RN - 8/8/2011 22:05

DCP Generic Code

Tracking Acuity CPR
Tracking Acuity 8/8/2011 22:05

Beebe, Donald RN - 8/8/2011 22:47

Tracking Acuity 8/8/2011 22:05
Tracking Acuity CPR

Beebe, Donald RN - 8/8/2011 22:37

Tracking Group HH ED/HH
Tracking Acuity 1-Critical - HH

Patient MARONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Thibby Crenshaw
Account# 471361479367
CPR# 47136147
Location HH ED/HR IN/OUT
Pt Type ER Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Emergency Dept Nursing Reports

[REDACTED]

Document Name Emergency Dept Trauma
Performed By Beebe, Donald RN

Date 08/08/2011 22:03:00
Result Status Modified

Tracking Acuity 8/8/2011 22:06

Beebe, Donald RN - 8/8/2011 22:05

Pregnancy Status Pregnancy into not applicable
Isolation No Isolation
Height Collection Method Estimated
DBA' 2 5766m2
Height ft (tmp) 5ft
Height inch (tmp) 9 00inch
Type of Weight Measurement Pounds/Ounces
Height . 175.26cm
Weight Collection Method Estimated
Body Mass Index 44.40m2
Weight lbs (tmp) 300lb
Weight . 136.361kg
Method of arrival Helicopter
Mode of Arrival Stretcher
Accompanied by Self

Beebe, Donald RN - 8/8/2011 22:05

CPR Initiation

CPR Documented on electronic form

CPR initiated at 8/8/2011 22:03

CPR Initiated Time Actual

CPR Initiation Location Post-arrival

CPR Intervention Rhythm Other, wide complex progressing into peo

Arrest Symptoms Pulses absent

Beebe, Donald RN - 8/8/2011 22:05

CPR

ED CPR Vital Signs PG

Intervention Time	2203	2204	2205	2208
CPR Intervention Rhythm	Asystole (Comment with occasional non-perfusing ECG beat noted [Beebe, Donald RN - 8/8/2011 22:32])	Asystole	Asystole	Asystole
CPR Interventions	Ambu ventilation started, Compressions started	Compressions continued	Compressions started	Ambu ventilation continued, Compressions continued
Epileptiform				

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account/ 471361479367
CPR/ 47136147
Location ER ED/IR INBOUND
Pt Type ER Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept Nursing Reports

(numerical) Atropine (numerical)				
CPR Med - Other Post-Intervention Rhythm	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32

Intervention Time, CPR Intervention Rhythm	2210 Asystole	2212 Asystole	2214 Asystole	2216 Asystole
CPR Interventions	Ambu ventilation continued. Compressions continued	Ambu ventilation started. Compressions continued	Ambu ventilation continued. Compressions continued	Ambu ventilation continued. Compressions continued
Epinephrine (numerical)	1		1	
Atropine (numerical)				1
CPR Med - Other	8.4% Sodium Bicarb 50mEq Beebe, Donald RN 8/8/2011 22:47	1 gram CACI Beebe, Donald RN - 8/8/2011 22:47		
Post-Intervention Rhythm	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32

Intervention Time,	2218	2220	2222
CPR Intervention Rhythm	Asystole	Asystole	Asystole
CPR Interventions	Ambu ventilation continued. Compressions continued	Ambu ventilation continued. Compressions continued	Ambu ventilation continued. Compressions continued
Epinephrine (numerical)	1		
Atropine (numerical)			
CPR Med - Other Post-Intervention Rhythm		Asystole	
	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32

CPR Result: Unsuccessful
 Pronounced by Sims II, Marcus Lynn DO
 CPR Ended at: 8/8/2011 22:02

Beebe, Donald RN - 8/8/2011 22:32

Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL
 HERMANN

Printed: 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
 DOB/Sex [REDACTED] Male
 phy status George, Tibby Crenshaw
 Allergies/ 471361470367
 CPN# 47136147
 Location ER ED1R INBOUND
 Pt Type ER Emergency Center
 Adm/Dic Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Treatments Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Patient Care and Status Entered On: 8/8/2011 22:30
Performed On 8/8/2011 21:31 by Beebe, Donald RN

Patient Care

One on One Care, X 60 minutes

Equipment placed on patient: Cardiac monitor, Blood pressure cuff, Pulse ox

Diet NPO

Safety measures Armband on, Bed in low and locked position, Call light in reach, Side rails up X 2, Other TDC guard with pt

Beebe, Donald RN - 8/8/2011 22:30

Document Name Emergency Dept Treatments Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On 8/8/2011 22:42
Performed On: 8/8/2011 21:31 by Beebe, Donald RN

Procedures done

Peripheral IV start/d/c IV Access

Beebe, Donald RN - 8/8/2011 22:41

IV Access

IV Start/DC UG

Activity	Right Hand IV Site Other inserted PTA
	Beebe, Donald RN
	8/8/2011 22:41

Document Name Emergency Dept Treatments Date 08/08/2011 21:41:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On 8/8/2011 22:42
Performed On: 8/8/2011 21:41 by Beebe, Donald RN

Procedures done

ED Tube, urinary jump Tube, urinary

Beebe, Donald RN - 8/8/2011 22:42

Urinary Catheter v2

Insertion Prior To Current Admission No

Urinary Indwelling Catheter Activity Insert

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 9:18 AM

Patient MARIONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPR# 47136147
Location RH ED/ER INBOUND
PA Type ER Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

ED Emergency Dept History/Social

Document Name Emergency Dept Treatments Date 08/08/2011 21:41:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

Urinary Catheter Insertion Date/Time 8/8/2011 21:41
Urinary Catheter Insertion Site Urethral
Urinary Catheter Type Indwelling Indwelling/Continuous
Urinary Catheter Balloon Inflation 10 mL sterile water
Urinary Catheter Size 16 French
Urinary Catheter Procedure Tolerance Good
Urine Color Yellow

Beebe, Donald RN - 8/8/2011 22:42

Document Name Emergency Dept Treatments Date 08/08/2011 21:40:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On 8/8/2011 22:43
Performed On 8/8/2011 21:40 by Beebe, Donald RN

Procedures done

Diagnoses done Diagnoses

Beebe, Donald RN - 8/8/2011 22:43

Diagnoses

ED EKG Performed Yes

Time ECG Read Date and Time 8/8/2011 21:40
EKG read by George, Libby Crenshaw MD

Beebe, Donald RN - 8/8/2011 22:43

ED History/Social

Document Name Emergency Dept History/Social Date 08/08/2011 22:26:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Screening Entered On 8/8/2011 22:27
Performed On 8/8/2011 22:26 by Beebe, Donald RN

Psychosocial

Live Safe Criterion from Phys/Mental Abuse Unable to obtain

Beebe, Donald RN - 8/8/2011 22:26

Morse Fall Risk

ED At risk for falls Yes

Fall Risk Interventions Yes

Beebe, Donald RN - 8/8/2011 22:26

Morse Fall Risk Interventions
Permanent Patient Record
Memorial Hermann Hospital

Patient MARIONE, MICHAEL
DOB/Nex [REDACTED] Male
Phyician [REDACTED]
Account/ 471361470367
CPN/ 47136147
Location HREDIR INROUND
Pt Type PT Emergency Enter
Adm/Dc Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept History/Social
Performed By Beebe, Donald RN Date 08/08/2011 22:26:00
Result Status Auth (Verified)

Safety measures Amband on, Bed in low and locked position, Call light in reach, Side rails up X 2
Beebe, Donald RN - 8/8/2011 22:26

Social Habits v3
Cigarette Smoking Last 365 Days Unable to obtain
Exposure to Tobacco Smoke Unable to obtain
Beebe, Donald RN - 8/8/2011 22:26

Providers
Able to obtain provider information Yes
Provider Comments TDC
Beebe, Donald RN - 8/8/2011 22:26

Advance Directive
Advanced Directives No
Beebe, Donald RN - 8/8/2011 22:26

Health History I V2
Health Hx / Section Acknowledged Yes
Beebe, Donald RN - 8/8/2011 22:26

Health History II V2
Health Hx / Section Acknowledged Yes
Beebe, Donald RN - 8/8/2011 22:26

Health History III V2
Health Hx / Section Acknowledged Yes
Beebe, Donald RN - 8/8/2011 22:26

Problems and Diagnosis

[REDACTED]

Document Name Emergency Dept Depart
Performed By Beebe, Donald RN Date 08/08/2011 23:45:00
Result Status Auth (Verified)

ED Depart Detail Entered On 8/8/2011 22:46
Performed On 8/8/2011 22:45 by Beebe, Donald RN

Depart Log
Depart Time 1/1/2011 22:22
Work related injury No
Medical Screening Exam Status Present
Depart Status Expired
Beebe, Donald RN - 8/8/2011 22:45

Valuables and Belongings at Depart
Inventoryed Valuables/Belongings Yes
Beebe, Donald RN - 8/8/2011 22:45

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Printed 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Phyician George, Libby Crenshaw
Account# 471361479367
Cust# 47136147
Location ER ED/R INBOUND
Pt Type ER Emergency Center
Adm/Ds Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Document Name: Emergency Dept Report	Date: 08/08/2011 22:45:00
Performed By: Beebe, Donald RN	Result Status: Auth (Verified)

Valuables comment: white pants, shackles and chains

Beebe, Donald RN - 8/8/2011 22:45

Document Name: Emergency Dept Clinical Summary	Date: 08/08/2011 22:46:41
Performed By: Beebe, Donald RN	Result Status: Auth (Verified)

Emergency Dept Clinical Summary
Memorial Hermann Hospital Clinical Summary

PERSON INFORMATION

Name: KILO1007, MALE	Age: 57 Years	DOB: 7/07/1954 12:00 AM
Sex: Male	Language: English	
Marital Status: Single	Phone: 71364371975	
MKN: 47130147	VISIT ID:	Acc# 471301479387
Visit Reason: CPR		
Ehic Type: ED Emergency Center	Med Service: Emergency Medicine Service	
Track Group: HH EDHH	Discharge:	
Tracking Id: 71536892	Checkout: 8/08/2011 10:46 PM	
Checkin: 8/08/2011 9:31 PM	Acuity: 1-Critical	Dispo Type: ED Expired
Arrival: 8/08/2011 9:31 PM	Reg Status:	LGS 000 01 15
Address: 815 12TH ST HUNTSVILLE TX 77348		

POWERFILLS

ED Depart Detail

08/08/11 10:45 pm Performed by Beebe, Donald RN

Entered on 08/08/11 10:46 pm

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/8/2011 3:18 AM

Patient:	MARTONE, MICHAEL
DOB/Sex:	[REDACTED] Male
Phyician:	George, Tibby Crenshaw
Account#:	471361479387
CPR#:	47136147
Location:	HR ED/ER INBOUND
Pl. Type:	ED - Emergency Center
Adm/Ds Date:	08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Depart Log
ED Depart Time: 01/01/11 22:22

[REDACTED]

Document Name: Emergency Dept Clinical Summary Date: 08/08/2011 22:40:41
Performed By: Beebe, Donald RN Result Status: Auth (Verified)

ED Work related injury: No
ED Medical Screening Exam Status: Present
ED Depart Status: Expired
Valuables and Belongings at Depart
ED Valuables: Yes
ED Valuables Content: white pants, shackles and chains

DEPART REASON INCOMPLETE INFORMATION

Depart Action	Incomplete Reason
Diagnosis	Expired
Patient Education	Expired
Follow-up	Expired
Patient Understanding	Expired

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Sims II, Marcus Lynn DO	ED Resident	8/08/2011 10:24 PM	

VITALS INFORMATION

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient: MARTONE, MICHAEL
DOB/Vlex: [REDACTED] 4 Male
Physician: George, Libby Crenshaw
Account#: 471361479367
CPI#: 47136147
Location: ER ED IR INBOUND
Pt Type: ER Emergency Center
Adm/Dic Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Clinical Summary
Performed By Beebe, Donald RN Date 08/08/2011 22:46:41
Result Status Auth (Verified)

Vital Sign	Triage	Latest
Oral Temp		
Pulse Rate		
Respiratory Rate		
Oxygen Saturation		
Systolic Blood Pressure		
Diastolic Blood Pressure		
Mean Arterial Pressure		

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	8/08/2011 9:31 PM	8/08/2011 9:31 PM	8/08/2011 9:31 PM
Image	Complete	8/08/2011 9:31 PM	8/08/2011 10:09 PM	8/08/2011 10:09 PM
MSE	Complete	8/08/2011 9:31 PM	8/08/2011 9:58 PM	8/08/2011 9:58 PM
Bed Assign	Complete	8/08/2011 9:58 PM	8/08/2011 9:58 PM	8/08/2011 9:58 PM
Document Med by Rx Request	8/08/2011 9:58 PM			
Dr Exam	Complete	8/08/2011 9:58 PM	8/08/2011 10:24 PM	8/08/2011 10:24 PM
Full Assessment	Complete	8/08/2011 9:58 PM	8/08/2011 10:26 PM	8/08/2011 10:26 PM
Screening	Complete	8/08/2011 9:58 PM	8/08/2011 10:27 PM	8/08/2011 10:27 PM
IV Care	Request	8/08/2011 9:58 PM		
Med Admin	Request	8/08/2011 9:58 PM		
MD to Nurse	Request	8/08/2011 9:58 PM		
Vitals	Complete	8/08/2011 9:58 PM	8/08/2011 10:31 PM	8/08/2011 10:31 PM
Lab	Request	8/08/2011 9:58 PM		

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:16 AM

Patient MARTONE, MICHAEL
DOB/sex [REDACTED] Male
Phyician George, Libby Crenshaw
Account# 471361470367
CPI# 47136147
Location ER ED1K INBOUND
Pt Type PT Emergency Center
Adm/Dic Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

X-ray	Request	8/08/2011 9:58 PM		
Urine Collect	Request	8/08/2011 9:58 PM		
HICU	Complete	8/08/2011 9:58 PM		8/08/2011 10:43 PM
Registration	Cancel	8/08/2011 9:58 PM	8/08/2011 10:30 PM	8/08/2011 10:30 PM
Lab	Complete	8/08/2011 10:26 PM	8/08/2011 10:26 PM	8/08/2011 10:26 PM
Triage	Complete	8/08/2011 10:26 PM	8/08/2011 10:26 PM	8/08/2011 10:26 PM
Courtesy LR	Request	8/08/2011 10:30 PM		
Patient Care	Complete	8/08/2011 10:30 PM	8/08/2011 10:30 PM	8/08/2011 10:30 PM

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
8/08/2011 9:31 PM	HH EDTR	INBOUND	
8/08/2011 9:58 PM	HH EDTR	AC21	A
8/08/2011 9:58 PM	HH EDTR	AC30	A
8/08/2011 10:19 PM	HH EDTR	AC21	A
8/08/2011 10:46 PM	HH EDTR	UNKETT	

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
8/08/2011 9:58 PM	Triponium-T	Thorax story	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Chest X-ray	Radiology	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9:58	BCL 12/15 Lead	Cardiology	Completed	8/08/2011 9:58 PM	LaRoche Lauren

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HOSPITAL

Printed 8/9/2011 3:18 AM

Patient MARONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPR# 47136147
Location HH EDTR INBOUND
Pt Type PT - Emergency Center
Adm/Dic Date 08/08/2011 / 08/08/2011

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Scanned by MOSLEY, TONYA H. in facility HUNTSVILLE (HV) on 08/10/2011 09:29**Emergency Dept. Nursing Reports**

PM	Only All Units			Ashleigh MD
8/08/2011 9:58 PM	Vital Signs	Patient Care	Ordered	TaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Vital Signs	Patient Care	Ordered	8/08/2011 9:58 PM TaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Pro-Brain Natriuretic Peptide (pro-HNP)	Laboratory	Ordered	8/08/2011 9:58 PM TaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Prothrombin Time and Partial Thromboplastin Time	Laboratory	Ordered	8/08/2011 9:58 PM LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Drug Screen Urine (7 Drugs)	Laboratory	Ordered	8/08/2011 9:58 PM TaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	GDM BD Chest Pain Quicksel	MPP IT	Ordered	8/08/2011 9:58 PM LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	EKG 12/15T Lead Only	Cardiology	Ordered	8/08/2011 9:58 PM SYSTEM
8/08/2011 9:58 PM	ED Perform EKG	Emergency Department	Completed	8/08/2011 10:43 PM SYSTEM
8/09/2011 12:00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 12:00 AM TaRoche, Lauren Ashleigh MD
8/09/2011 4:00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 4:00 AM TaRoche, Lauren Ashleigh MD
8/09/2011 8:00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 8:00 AM LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	IV Saline Lock ETI	Emergency Department	Ordered	8/08/2011 9:58 PM TaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	sodium chloride	Pharmacy	Ordered	8/09/2011 9:57 PM LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	MD to Nurse Order, Mire	Patient Care	Ordered	8/08/2011 9:58 PM LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	MT to Nurse Order, Mire	Patient Care	Ordered	8/08/2011 9:58 PM LaRoche, Lauren Ashleigh MD

Permanent Patient Record
Memorial Hermann Hospital**MEMORIAL
HERMANN**

Printed 8/9/2011 3:18 AM

Patient	MARIONE, MICHAEL
DOB/Sex	[REDACTED] Male
Physician	George, Lihly Crenshaw
Account#	471361479367
CPR#	47136147
Location	HH ED/IR INBOUND
Pl Type	ICU Emergency Center
Adm/Dc Date	08/08/2011 / 08/08/2011

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Emergency Dept Nursing Reports

8/08/2011 9:58 PM	Pulse Oximetry Continuous	Patient Care	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Complete Blood Count w/ Diff and Laboratory Platelets	Laboratory	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Comprehensive Metabolic Panel	Laboratory	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9:58 PM	Creatine Kinase w/ Reflex MB Isoenzyme	Laboratory	Cancelled	8/08/2011 9:58 PM	George, Libby Crenshaw MD
8/08/2011 9:58 PM	Creatine Kinase w/ Reflex MB Isoenzyme	Laboratory	Ordered	8/08/2011 9:58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 10:11 PM	BIL - GT U PEX/T	Laboratory	Completed	8/08/2011 10:11 PM	SYB1EM
8/08/2011 10:11 PM	Glucose (Point of Care)	Laboratory	Completed	8/08/2011 10:26 PM	George, Libby Crenshaw MD

MEDICAL INFORMATION

Allergy Info

Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition: ED Expired
Discharge Location:

PATIENT EDUCATION INFORMATION

Instructions

Follow up

DIAGNOSIS

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient MARONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPL# 47136147
Location ER ED/ER INBOUND
Pt Type E/C Emergency Center
Adm/Dis Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Patient Education Date 08/08/2011 22:46:41
Performed By Beebe, Donald RN Result Status Auth (Verified)

Emergency Dept Patient Education
MEMORIAL
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Emergency Department
Departamento de Emergencias

Southwest (713) 436-5151 TWIC (713) 704-4060 Katy (281) 644-7111 Northeast (281) 540-7404
Memorial City (713) 242-3070 Southeast (281) 929-4282
Woodlands (281) 364-2525 Sugarland (281) 725-550 Northwest (713) 867-3335
TW Emergency Center (281)-719 3333

Discharge Instructions for: KILO1887, MALE
Instrucciones para

Visit Date: 8/08/2011 9:31 PM
Fecha de la visita

Care Provided by:

Proveedores de cuidado del Departamento de Emergencias
ED Physicians
None

ED Residents
Sims II Marcus Lynn

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient **MARTONE, MICHAEL**
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account # 471361479367
CPI# 47136147
Location BH EDTR INBOUND
Pt Type ER Emergency Center
Adm/Dic Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Document Name	Emergency Dept Patient Education	Date	08/08/2011 22:46:41
Performed By	Beebe, Donald RN	Result Status	Auth (Verified)

ED MLPs
None

ED Nurses
None

For Today's Visit:

Thank you for using Memorial Hermann Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you may have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single Emergency Care Center Visit.

NOTICE:

X-rays, EKG's and cultures results are reviewed and become official after you leave. You will be notified if final results vary from what you were told. Please be sure we have your correct local phone number and address.

AVISO

Pruebas de diagnóstico (p.e., rayos-x, ECG's, tomografías CAT, laboratorios y cultivos son revisados por un especialista fuera del Departamento de Emergencias (DE)) después que usted ya se ha ido. Se le notificará si el resultado final varía de lo que se le dijo a usted, pero es su responsabilidad asegurarse que su médico revisa todos los resultados diagnósticos finales obtenidos en su visita al DE.

Segúrese, por favor, que tenemos su teléfono y dirección correcta.

Based on the diagnosis of', KILO1687, MALE has been provide the following prescriptions, follow up instructions and educational material.

Prescriptions:
Recetas

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPR# 47136147
Location ER ED/ER INBOUND
Pt Type ER Emergency Center
Adm/Dic Date 08/08/2011 / 08/08/2011
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Emergency Dept Nursing Reports

[REDACTED]

Document Name Emergency Dept Patient Education Date 08/08/2011 22:46:41
Performed By Bullock, Donald RN Result Status Auth (Verified)

PLEASE REFER TO THE GUIDELINES BELOW FOR FOLLOW-UP CARE OF YOUR ILLNESS
POR FAVOR REFERARSE A LAS INSTRUCCIONES AQUI MENCIONADAS PARA EL SEGUIMIENTO DE SU
ENFERMEDAD

Important. You have been treated on an emergency basis. This is not a substitute for complete medical care.
Follow-up is essential!

Importante: Usted recibió tratamiento de emergencia basado en su problema del momento. Esto no debe considerarse como un sustituto del tratamiento médico completo. Seguimiento con un médico es esencial para completar su tratamiento e identificar algún otro problema de salud.

Follow up with below Physician. Note, an appointment was not made. You will need to call the doctor's office.
Call today or as soon as possible for an appointment. Tell them at the doctor's office that you were seen in the Emergency Department. Contact us if you are having problems with follow-up. Your doctor may wish to see your x-rays or test results. Please inquire about this when making your appointment.

Seguimiento con el médico identificado aquí abajo. El Departamento de Emergencias no ha hecho una cita para usted. Es su responsabilidad llamar la oficina del médico y hacer su propia cita para el cuidado y tratamiento de seguimiento. Usted hace lo más posible para obtener una cita, deje saber al médico o al personal de la oficina que usted lo vieron en el Departamento de Emergencias. Llame al Departamento de Emergencias si es que tiene problemas con su seguimiento. Es posible que su médico quiera revisar los rayos-x o los resultados de pruebas. Por favor, haga mención de esto al hacer su cita.

Follow-up Instructions:
Instrucciones de seguimiento

Thanks again for using Memorial Hermann Hospital for your treatment today. The discharge instructions for today's visit are outlined below.
Shortly after discharge you will receive a phone survey. Please take the time to answer.

Patient Education Materials:
Materiales educativos dados al paciente

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Accountant 471361479367
C PUL 47136147
Location HR ED/IR INPOUND
Pt Type ER - Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
Page 19 of 21

Fax Server 8/10/2011 9:00:34 AM PAGE 0 030 Fax Server
Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HV) on 08/10/2011 09:29

Emergency Dept. Nursing Reports

[REDACTED]

Document Name Emergency Dept Patient Education
Performed By Bubl, Donald RN Date 08/08/2011 22:46:41
Result Status Auth (Verified)

You have been given instructions. These instructions provide information to help you better understand your illness and follow-up care. Please read carefully and let us know if you have any questions.

El Departamento de Emergencias le ha provisto información para ayudarte a entender su enfermedad y el cuidado de seguimiento necesario. Por favor, lea estas instrucciones con cuidado y dejemos. El Departamento de Emergencias le ha provisto información para ayudarte a entender su enfermedad y el cuidado de seguimiento necesario. Por favor, lea estas instrucciones con cuidado y dejemos saber si tiene alguna pregunta.
No instructions were provided.

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
TXRef/loc [REDACTED] Male
Phyician George, Libby Crenshaw
Acctnum/ 471361470367
CPI/ 47136147
Location ER ED/IR INBOUND
Pt Type PT - Emergency Center
Adm/Dis Date 08/08/2011 / 08/08/2011
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Fax Server 8/10/2011 9:00:34 AM PAGE 0: 130 Fax Server
Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HV) on 08/10/2011 09:29

Emergency Dept. Nursing Reports

I, KII.01687, MALE, (or responsible party) have been given the above instructions and I understand them. I
[Redacted]

Document Name Emergency Dept Patient Education
Performed By Beebe, Donald RN

Date 08/08/2011 22:46:41
Result Status Auth (Verified)

may call the Emergency Department at any time should I have questions or need further assistance.

Yo KII.01687, MALE, he recibido las instrucciones mencionadas arriba y las entiendo. Yo puedo llamar al Departamento de Emergencias en cualquier momento si tengo alguna pregunta o necesito asistencia adicional. He dado mi información de contacto correctamente por si fuese necesario notificarme.

KII.01687, MALE Date ED Physician or Nurse Date
Patient or Responsible Party Signature

An electronic copy of these same discharge instructions is available in HIM Sovera 72 hours post discharge.
Only this signature page is scanned to verify patient receipt of this information.

Permanent Patient Record
Memorial Hermann Hospital

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HERMANN

Printed 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
DOB/Sex [Redacted] Mal
Phyician George, Libby Crenshaw
Account# 471361479367
CPI# 47136147
Location BH ED IR INBOUND
PI Type BH Emergency Center
Adm/Dis Date 08/08/2011 / 08/08/2011
Page 21 of 21

Correctional Managed Care
MD/MLP - SICK CALL EXAM

Patient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/02/2011 14:56 Facility: HUNTSVILLE

Age: 57 year Race: W Sex: male

Last recent vitals from 8/2/2011: BP: 159 / 91 (Sitting) ; Wt: 309 Lbs.; Height: 74 In.; Pulse: 74 (Sitting) ; Resp: 20 / ; Temp: 95 (Oral)

Allergies: HMG-COA REDUCTASE INHIBITORS

Patient Language: ENGLISH Name of interpreter, if required:

Patient Medications:

DOTRIN EC 325MG, 1 TABS ORAL QD

SOTEC 20MG, 1 TABS ORAL BID

TRIN 800MG, 1 TABS ORAL BID

UR 60MG, 1 TABS ORAL QD

PRESSOR 100MG, 1 TABS ORAL BID

PRESSOR 50MG, 1 TABS ORAL BID

Special Instructions: TAKE TOTAL OF 150 MG LOPRESSOR / METORPOLOL 2 X EACH DAY

NITEN 10MG, 1 TABS ORAL BID

SPAN 500MG, 1 TABS ORAL DAILY

ROSTAT 0.4MG, 1 TABS SUBLINGUAL SL NTG

Special Instructions: IF CHEST PAIN NOT RELIEVED IN 15 MINUTES CALL MEDICAL.

MELOR 50MG, 4 CAPS ORAL QAM

LOSEC 20MG, 1 CAPS ORAL QAM

ANTIN 100MG, 3 CAPS ORAL QD

VIX * 75MG, 1 TABS ORAL DAILY

Special Instructions: S/P ANGIOPLASTY, [INDEF]

ARTIFICIAL TEARS EYE DROP 1.4%, 2 % OPHTHALMIC BID

ERAL 40MG, 1 TABS ORAL TID

NTAC 150MG, 1 TABS ORAL BID

RESOLINE 50MG, 2 TABS ORAL TID

DRODIURIL 25MG, 1 TABS ORAL QD

Patient's Problem: skin lesions on chest, arms ; hx of cataracts

sores. Hx of chronic folliculitis/abscess

able to see out of right eye

scattered papule lesions

dermatitis; cataracts

Plan is as follows: will get VAT then consider referral to HG ophthoi for rt eye cataract surgery

Medication with nursing for VAT

Prescribed Meds:

TRIAMCINOLONE 0.1% CREAM 1LB 45802006535 08/02/2011 15:04

1 APPLIES TOPICALLY BID

Special Instructions: Apply Thin Layer Sparingly.

STOP DATE:

REFILLS: 0

Correctional Managed Care
MD/MLP - SICK CALL EXAM

ient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/02/2011 14:56 Facility: HUNTSVILLE
()

cedures Ordered:
XTENDED OFFICE VISIT (NO COPAY):cataract nos

Electronically Signed by NORWOOD, BARRY W. PA on 08/02/2011.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: MARTONE, MICHAEL D **TDCJ#:** 1395315 **Date:** 08/08/2011 21:34 **Facility:**
HUNTSVILLE (HV)

Age: 57 year **Race:** W **Sex:** male

Most recent vitals from 8/2/2011: BP: 159 / 91 (Sitting) ; Wt: 309 Lbs.; Height: 74 In.; Pulse: 74 (Sitting) ;
Resp: 20 / min; Temp: 95 (Oral)

Allergies: HMG-COA REDUCTASE INHIBITORS

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

ECOTRIN EC 325MG, 1 TABS ORAL QD
VASOTEC 20MG, 1 TABS ORAL BID
MOTRIN 800MG, 1 TABS ORAL BID
IMDUR 60MG, 1 TABS ORAL QD
LOPRESSOR 100MG, 1 TABS ORAL BID
LOPRESSOR 50MG, 1 TABS ORAL BID

Special Instructions: TAKE TOTAL OF 150 MG LOPRESSOR / METORPOLOL 2 X EACH DAY

LONITEN 10MG, 1 TABS ORAL BID
NIASPIN 500MG, 1 TABS ORAL DAILY
NITROSTAT 0.4MG, 1 TABS SUBLINGUAL SL NTG

Special Instructions: IF CHEST PAIN NOT RELIEVED IN 15 MINUTES CALL MEDICAL.

PAMELOR 50MG, 4 CAPS ORAL QAM
PRILOSEC 20MG, 1 CAPS ORAL QAM
DILANTIN 100MG, 3 CAPS ORAL QD
PLAVIX * 75MG, 1 TABS ORAL DAILY

Special Instructions: S/P ANGIOPLASTY, [INDEF]
ARTIFICIAL TEARS EYE DROP 1.4%, 2 % OPHTHALMIC BID
INDERAL 40MG, 1 TABS ORAL TID
ZANTAC 150MG, 1 TABS ORAL BID
KENALOG 0.1% CREAM 1LB 0.1%, 1 APPLIES TOPICALLY BID

Special Instructions: APPLY THIN LAYER SPARINGLY.
APRESOLINE 50MG, 2 TABS ORAL TID
HYDRODIURIL 25MG, 1 TABS ORAL QD

SCR INITIATED?		YES	Date Received:
	X	NO	[REDACTED]

Today's Problem:

1840

S: RECEIVED CALL FROM SGT FORD, PT C/O SOB.

1850

O: VIEWED PT ON DMS. HE IS ALERT & SITTING UPRIGHT ON A CHAIR W/O DISTRESS. AFFECT IS CALM. HIS RESPIRATIONS ARE EVEN AND UNLABORED. HIS COLOR IS WNL. HIS SPEECH IS CLEAR. HE SPEAKS IN MULTI-WORD SENTENCES W/O HESITATION OR BREATHLESSNESS. HE C/O SOB AND DRY MOUTH THAT BEGAN THIS AFTERNOON AROUND 2PM THAT IS INTERMITTENT. HE DOESN'T REPORT PAIN OR DISCOMFORT. HE DENIES COUGH OR NASAL CONGESTION.

A: NA

Plan is as follows: ADVISED TO REST AND RELAX AS MUCH AS POSSIBLE. ALSO TO INCREASE HIS

1 of 2

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/08/2011 21:34 Facility:
HUNTSVILLE (HV)

WATER INTAKE AND DRINK WATER EVERY HOUR THAT HE IS AWAKE. IF SX'S DON'T IMPROVE OR IF
THEY WORSEN TO NOTIFY SECURITY AND HE WILL BE RE-EVALUATED ON DMS AT THAT TIME. HE
VERBALIZED UNDERSTANDING AND AGREEMENT TO THE P.O.C.

Electronically Signed by RYE, PATRICIA A. R.N. on 08/08/2011.
##And No Others##

2 of 2

Report #: PH0510
Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D.	MRN: 1395315	DOB: [REDACTED]	HOUSING: G-1 CELL: 04
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VIASPAN 500MG ER TABLET
1 TABS ORAL DAILY for 30 Days
RX DATE: 01/13/11 08:19:19 AM RUN START DATE: 07/12/11 08:19:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE

RX_ID: 11476375
REFILLS: 6/11
RUN END DATE: 08/11/11 08:19:00 AM
EXPIRATION DATE: 01/08/12 08:19:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

VORTRIPTYLINE HCL 50MG CAPSULE
1 CAPS ORAL EVERY MORNING for 30 Days
RX DATE: 08/17/10 10:53:40 AM RUN START DATE: 07/13/11 10:53:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: YAP, ROMEO M.D.
MEDICATION STATUS: ACTIVE

RX_ID: 10698757
REFILLS: 11/11
RUN END DATE: 08/12/11 10:53:00 AM
EXPIRATION DATE: 08/12/11 10:53:00 AM
ENTRY USER: YAP, ROMEO M.D.

CIMETRIZOLE 20MG CAPSULE
1 CAPS ORAL EVERY MORNING for 30 Days
RX DATE: 02/02/11 09:19:37 AM RUN START DATE: 08/01/11 09:18:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11578298
REFILLS: 6/11
RUN END DATE: 08/31/11 09:18:00 AM
EXPIRATION DATE: 01/28/12 09:18:00 AM
ENTRY USER: WHITE, HANNAH C L.V.N.

PHENYTOIN SOD 100MG CAPSULE
3 CAPS ORAL DAILY for 30 Days
RX DATE: 10/21/10 10:48:40 AM RUN START DATE: 07/18/11 10:48:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE

RX_ID: 11054389
REFILLS: 9/11
RUN END DATE: 08/17/11 10:48:00 AM
EXPIRATION DATE: 10/16/11 10:48:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

PLAVIX 75MG TABLET *
1 TABS ORAL DAILY for 30 Days S/P ANGIOPLASTY, [INDEF]
RX DATE: 12/14/10 01:04:46 PM RUN START DATE: 07/12/11 01:02:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11329023
REFILLS: 7/11
RUN END DATE: 08/11/11 01:02:00 PM
EXPIRATION DATE: 12/09/11 01:02:00 PM
ENTRY USER: NORWOOD, BARRY W PA

ASPIRIN EC 325MG TABLET
1 TABS ORAL DAILY for 30 Days KOP
RX DATE: 04/04/11 07:59:01 AM RUN START DATE: 08/02/11 07:58:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11896703
REFILLS: 4/11
RUN END DATE: 09/01/11 07:58:00 AM
EXPIRATION DATE: 03/29/12 07:58:00 AM
ENTRY USER: MCCLESKEY, PEGGY L L.V.N.

ENALAPRIL MALEATE 20MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP
RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:29:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11869478
REFILLS: 4/11
RUN END DATE: 08/26/11 01:29:00 PM
EXPIRATION DATE: 03/23/12 01:29:00 PM
ENTRY USER: VARNER, MARK R.N.

Report #: PHO510
 Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D.	MRN: 1395315	DOB: [REDACTED]	HOUSING: G1 CELL 04
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hyDRAzine 50MG TABLET
 2 TABS ORAL 3 TIMES DAILY for 30 Days KOP
 RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:28:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

RX_ID: 11869474
REFILLS: 4/11
RUN END DATE: 08/26/11 01:28:00 PM
EXPIRATION DATE: 03/23/12 01:28:00 PM
ENTRY USER: VARNER, MARK R.N.

hydroCHLORothiazide 25MG TAB
 1 TABS ORAL DAILY for 30 Days KOP
 RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:29:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

RX_ID: 11869497
REFILLS: 4/11
RUN END DATE: 08/26/11 01:29:00 PM
EXPIRATION DATE: 03/23/12 01:29:00 PM
ENTRY USER: VARNER, MARK R.N.

IBUPROFEN 800MG TABLET
 1 TABS ORAL TWICE DAILY for 30 Days As Needed (PRN) KOP
 RX DATE: 06/28/11 03:43:56 PM RUN START DATE: 07/28/11 03:43:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

RX_ID: 12351237
REFILLS: 1/2
RUN END DATE: 08/27/11 03:43:00 PM
EXPIRATION DATE: 09/26/11 03:43:00 PM
ENTRY USER: NORWOOD, BARRY W PA

ISOSORBIDE MN 60MG ER TABLET
 1 TABS ORAL DAILY for 30 Days KOP
 RX DATE: 09/23/10 08:10:03 AM RUN START DATE: 07/20/11 08:09:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
 MEDICATION STATUS: ACTIVE

RX_ID: 10891650
REFILLS: 10/11
RUN END DATE: 08/19/11 08:09:00 AM
EXPIRATION DATE: 09/18/11 08:09:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

METOPROLOL 100MG TABLET
 1 TABS ORAL TWICE DAILY for 30 Days KOP
 RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:27:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

RX_ID: 11869464
REFILLS: 4/11
RUN END DATE: 08/26/11 01:27:00 PM
EXPIRATION DATE: 03/23/12 01:27:00 PM
ENTRY USER: VARNER, MARK R.N.

METOPROLOL 50MG TABLET
 1 TABS ORAL TWICE DAILY for 30 Days TAKE TOTAL OF 150 MG LOPRESSOR / METOPROLOL 2 X EACH DAY KOP
 RX DATE: 04/02/11 07:16:21 AM RUN START DATE: 07/31/11 07:15:00 AM RUN END DATE: 08/30/11 07:15:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

RX_ID: 11894265
REFILLS: 4/11
RUN END DATE: 08/27/12 07:15:00 AM
EXPIRATION DATE: 03/27/12 07:15:00 AM
ENTRY USER: MCCLESKEY, PEGGY L L.V.N.

MINOXIDIL 10MG TABLET
 1 TABS ORAL TWICE DAILY for 30 Days KOP
 RX DATE: 09/23/10 08:10:03 AM RUN START DATE: 07/20/11 08:08:00 AM RUN END DATE: 08/19/11 08:08:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV)
 ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
 MEDICATION STATUS: ACTIVE

RX_ID: 10891642
REFILLS: 10/11
RUN END DATE: 08/19/11 08:08:00 AM
EXPIRATION DATE: 09/18/11 08:08:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

Report #: PHO510
 Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D.	MRN: 1395315	DOB: [REDACTED]	HOUSING: G11 CELL: 04
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NITROSTAT 0.4MG SL TABLET 25s 1 TABS SUBLINGUAL EVERY 5 MIN MAX 3/15 MINUTES for 180 Days IF CHEST PAIN NOT RELIEVED IN 15 MINUTES CALL MEDICAL. As Needed (PRN) KOP	RX_ID: 11321753 REFILLS: 1/1
RX DATE: 12/13/10 01:31:40 PM RUN START DATE: 06/11/11 01:29:00 PM	RUN END DATE: 12/08/11 01:29:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)	EXPIRATION DATE: 12/08/11 01:29:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA	ENTRY USER: MCCLESKEY, PEGGY L L.V.N.
MEDICATION STATUS: ACTIVE	

POLYVINYL ALC 1.4% EYE DP 15ML 2 DROPS OPHTHALMIC TWICE DAILY for 30 Days KOP	RX_ID: 11933645 REFILLS: 4/11
RX DATE: 04/09/11 12:07:38 PM RUN START DATE: 08/07/11 12:07:00 PM	RUN END DATE: 09/06/11 12:07:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)	EXPIRATION DATE: 04/03/12 12:07:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA	ENTRY USER: MCCLESKEY, PEGGY L L.V.N.
MEDICATION STATUS: ACTIVE	

PROPRANOLOL 40MG TABLET 1 TABS ORAL 3 TIMES DAILY for 30 Days KOP	RX_ID: 11054353 REFILLS: 9/11
RX DATE: 10/21/10 10:46:26 AM RUN START DATE: 07/18/11 10:46:00 AM	RUN END DATE: 08/17/11 10:46:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)	EXPIRATION DATE: 10/16/11 10:46:00 AM
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.	ENTRY USER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE	

RANITIDINE 150MG TABLET 1 TABS ORAL TWICE DAILY for 30 Days KOP	RX_ID: 12351239 REFILLS: 1/11
RX DATE: 06/28/11 03:43:56 PM RUN START DATE: 07/28/11 03:43:00 PM	RUN END DATE: 08/27/11 03:43:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)	EXPIRATION DATE: 06/22/12 03:43:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA	ENTRY USER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE	

TRIAMCINOLONE 0.1% CREAM 1LB 1 APPLICS TOPICALLY TWICE DAILY for 90 Days APPLY THIN LAYER SPARINGLY. KOP	RX_ID: 12520908 REFILLS: 0/0
RX DATE: 08/02/11 03:04:07 PM RUN START DATE: 08/02/11 03:04:00 PM	RUN END DATE: 10/31/11 03:04:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)	EXPIRATION DATE: 10/31/11 03:04:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA	ENTRY USER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE	

TOTAL FOR MARTONE, MICHAEL D

19